

Mar. 12. 2020 2:50PM

GRAY ROBINSON

No. 1184

Page 1 of 2

Division of Corporations

H20000069539 3

# Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000069539 3)))



H200000695393ABC1

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

R. WHITE  
MAR 13 2020

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Lee.Bennett@gray-robinson.com

2020 MAR 12 PM 3:50

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAKESIDE PROFESSIONALS LLC

Certificate of Status	0
Certified Copy	0
Page Count	5 <del>84</del>
Estimated Charge	\$25.00

03/12/2020

REVISED - SEE REJECTION  
LETTER - CORRECTED  
FILING

2020 MAR 12 PM 3:50

H20000069539 3

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2020. 11.12 PM 9:50

Lakeside Professionals LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/26/2008 and assigned  
Florida document number L08000091880.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

105 Rosa Bella View

(Principal office address MUST BE A STREET ADDRESS)

DeBary, FL 32713

Enter new mailing address, if applicable:

105 Rosa Bella View

(Mailing address MAY BE A POST OFFICE BOX)

DeBary, FL 32713

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

David P. Carrier

New Registered Office Address:

105 Rosa Bella View

*Enter Florida street address*

DeBary

*City*

Florida 32713

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

H20000069539 3

H20000069539 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	David P. Carrier	105 Rosa Bella View	<input checked="" type="checkbox"/> Add
		DeBary, FL 32713	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Michael B. Carrier	4216 Fairway Run	<input type="checkbox"/> Add
		Tampa, FL 33618	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H20000069539 3

H20000069539 3

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 2020

*[Handwritten signature]*

Signature of a member or authorized representative of a member

David P. Carrier

Typed or printed name of signee

H20000069539 3

**Filing Fee: \$25.00**

850-617-6381

3/3/2020 12:25:10 PM PAGE 1/001 Fax Server



March 3, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAKESIDE PROFESSIONALS LLC  
2664 JEWETT LANE  
SANFORD, FL 32771US

SUBJECT: LAKESIDE PROFESSIONALS LLC  
REF: L08000091880

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

SectionD need to be removed from Articles of Amendment and filed separately on the on the Amend or Cancel Statement of Authority form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons FAX Aud. #: H20000069539  
Regulatory Specialist II Supervisor Letter Number: 120A00004658