

Mar. 12. 2020 2:50PM

GRAY ROBINSON

No. 1184

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

2020 MAR 12 PM 3:50

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 9:50

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

Certificate of Status	0
Certified Copy	0
Page Count	5 84
Estimated Charge	\$25.00

03/12/2020

REVISED - SEE REJECTION LETTER - CORRECTED FILING

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2020. 11. 12 AM 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

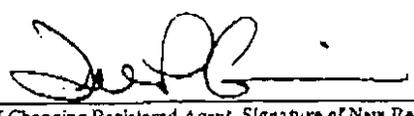
Florida

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

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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

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