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**EXAMINER** 



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SECRETARY OF CORPORATION DIVISION OF CORPORT AND A STORY

## **COVER LETTER**

TO: Registration Sec Division of Corp							
SIBIRCT: Loft Oak	s Services Limited	Liability Company	0				
SUBJECT: Loft Oaks Services Limited Liability Company  (Name of Limited Liability Company)							
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.					
Please return all correspon	dence concerning this matter	to the following:					
	Theresa C Konash						
		(Name of Person)	<del> </del>				
Lost Oaks Services Limited Liability Company							
		(Firm/Company)					
	PO Box 4098						
		(Address)					
	Enterprise FL 32725						
	-	(City/State and Zip Code)	<del></del>				
For further information concerning this matter, please call:							
Theresa C Konash		at ( 407 ) 497-4932					
(Name of	Person)	(Area Code & Daytime T	elephone Number)				
Enclosed is a check for the	e following amount:						
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Loft Oaks Services Limited Liability Con				
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our a a Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability	and assigned			
Florida document number L09000014916	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
Lost Oaks Services Limited Liability Company				
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the d	esignation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		<b>0</b>		
(Principal office address MUST BE A STREET ADI	DRESS)	9 F.		
		<b>B</b> 26		
		<b>ं</b> हेर्न		
Enter new mailing address, if applicable:		<b>全国实</b> 定		
(Mailing address MAY BE A POST OFFICE BOX)		- 4.0		
		2 3		
		1 4		
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our recordings here:	ds, <u>enter the name of the nev</u>		
Name of New Registered Agent:		A DECEMBER OF THE PROPERTY OF		
New Registered Office Address:				
	(Enter Florid	da street address)		
		, Florida		
	(City)	(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 608, 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
<del></del>			Add Remove		
			Add Remove		
	<del></del>		Add Remove		
D. If amend	ing any other information, enter cha	onge(s) here: (Attach additional sheets, if necessary.)			
***********			<del>-</del>		
Dated Februa	signature of a mem	Tonash			
	Theresa C Konash	oer er audiorizeu representative of a member			
		ped or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00