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**EXAMINER** 

## **COVER LETTER**

	of Corporations			
SUBJECT:	Lakes a	and Links, LLC		
_	Name of Limi	ited Liability Company		
The enclosed Artic	les of Amendment and fee(s) are sul	bmitted for filing.		
Please return all co	rrespondence concerning this matter	r to the following:		
		Cheryl A. Foutz		
	- · · ·	Name of Person		
	L	Lakes and Links, LLC		
		Firm/Company		
	. 1663	. 1663 Redwood Grove Terrace		
		Address	2809 DEC 23 PH 1: 50 SECRETARY OF STATE TALLAHASSEE, FLORID	
	ι	Lake Mary, FL 32746		
		City/State and Zip Code	PH 1:50 OF STATE EF. FLORIDA	
	C E-mail address: (	heriefoutz@cfl.rr.com to be used for future annual report notification		
For further informa	tion concerning this matter, please of	call:		
	Cheryl A. Foutz	at ( 407 ) 43	52352	
N	Name of Person	Area Code & Daytime Tel	ephone Number	
Enclosed is a check	s for the following amount:			
<b>✓</b> \$25.00 Filing F	ee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy	
÷	<b>v</b> .	(auditional copy is eliciosed)	(additional copy is enclosed)	
	MAILING ADDRESS:	STREET/COURIER	ADDRESS:	
Π	Registration Section Division of Corporations	Registration Section Division of Corporations		
_	P.O. Box 6327 Fallahassee, FL 32314	Clifton Building 2661 Executive Center Tallahassee, FL 32301	Ċircle	

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

( <u>Name of the Limited Lia</u> (A Flo	akes and l ability Compa- orida Limited L	inks, LLC  ny as it now appears on our  liability Company)	records.)		
The Articles of Organization for this Limited Liabi Florida document number		were filed on08/	10/2009	and assi	gned
This amendment is submitted to amend the followi	_				
A. If amending name, enter the new name of th	<u>e limited liab</u>	ility company here:			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limi	ted Liability Company," the	designation "l	5EC 99	bbreviation
Enter new principal offices address, if applicabl	e:	1540 International F	Parkway		
(Principal office address MUST BE A STREET A	(DDRESS)	Suite 200		ASS 3	
		Lake Mary, FL 327	46	10 A	
Enter new mailing address, if applicable:		1663 Redwood Gro	ve Terrace		0
(Mailing address MAY BE A POST OFFICE BOX)		Lake Mary, FL 327	46	)> <u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		<u>e</u> :	ords, <u>enter</u>	the name of	f the new
New Registered Office Address:	1540 Interna	ational Parkway, Suite			
•		Enter Flor	ida street add	lress	
·	L	ake Mary	_, Florida	32746	
		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 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
MGRM	Robert S. Foutz	109 Oak View Place Sanford, FL 32773	Add Remove
MGRM	Cheryl A. Foutz	1663 Redwood Grove Terrace Lake Mary, FL 32746	
			Add Remove
	<u>.</u> .		Add Remove
			Add Remove
			Add Remove
D. If an	nending any other information, enter	change(s) here: (Attach additional sheets, if necess	ary.) .
ÇÊ			
Dated	12/19/2009		To the state of th
	C)	member or authorized representative of a member	
		Cheryl A. Foutz Typed or printed name of signee	<del></del>
	,	n1-61	

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Filing Fee: \$25.00