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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A Part ments by the Lake LLC Name of Limited Liability Company
Name of Billines Blabiny Opinpany
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patricia da vo
Apast newts by the take LLC
11301 WW Str St
Blantation, Fl 33325
Cano Datricia SZO yahoo · Com E-mail address: (to be used for future annual report hotification)
For further information concerning this matter, please call:
Patricia da Mo at (954 6551/128) Name of Person at (954 6551/128) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APAY TWENTS by the Lake LLC.

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

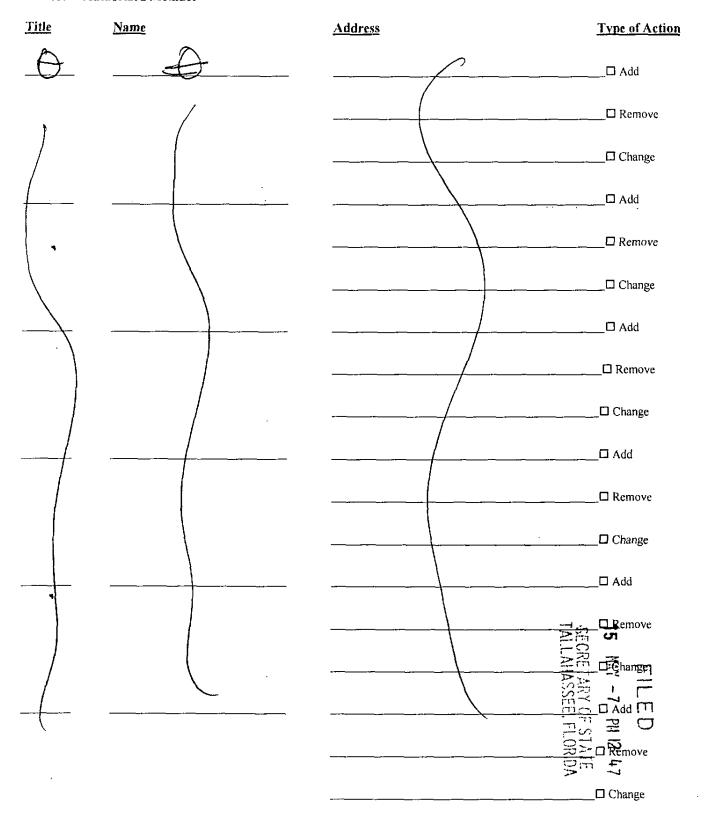
(A Florida Limited Hability Company)

(Name of the Limited Liability Compa (A Florida Limited)	ady as it now appears on ou Biability Company)	r records.7	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	St Geter	sbutg LLC on "LLC" or the abbreviation "L.L.C." NW 8+N St Lion Fl 33325	
Enter new mailing address, if applicable:	Sam	e	
(Mailing address MAY BE A POST OFFICE BOX)		·	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		records, enter the name of the new	
New Registered Office Address:	Enter Florida street address		
		, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	
I hereby accept the appointment as registered agent and agr		o in i	

Page 1 of 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



Effec	tive date, if other than the date of filing:
lf an e:	tive date, if other than the date of filing: (optional) ffective 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
<u>:Note:</u> docur	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	·
пе ге	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
Dated	1 May 4, 2015.
	Janua lave.
	Signature of a member or authorized representative of a member
	Quericia dana
	Total and the same of the same
	Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00