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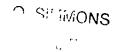
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COVER LETTER

SUBJECT: 2540	West, LLC		•
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ernesto Gu	ıedes	
		Name of Person	
	2540 West	, LLC	
		Firm/Company	
	7853 NW 1	99th Street	
		Address	
	Hialeah, Fl	_ 33015	
		City/State and Zip Code	
	reinvesting44@		
	E-mail address: (to be used for future annual report notifi-	cation)
For further information co	oncerning this matter, please co	all:	
Ernesto G	uedes	_{at} (305) 336-5	185
Name of	Person		Telephone Number
Enclosed is a check for th	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

TO:

Registration Section . Division of Corporations

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

(Name of the Limited Liabilit	y Company as it now appears on our records.) Limited Liability Company)
(A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L10000107348</u>	ompany were filed on October 13, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The Lake Group, LLC	
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · ·
(Principal office address MUST BE A STREET ADDR.	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, enter the name of the nees here:
Name of Name Designation of Assess	
Name_of New Registered Agent:	-
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code

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

2540 West, LLC

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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·		ach additional sheets, if necessary.)
ective date, if other than the date effective date must be specific, cannot be date this document is filed by the Florida February 1st ted	prior to date of receipt or filed date	(optional) and cannot be more than 90 days after
	Med	
Ernesto Guede		
	Typed or printed name	of signce • 7
		•

Page 3 of 3

Filing Fee: \$25.00