

# L10000125901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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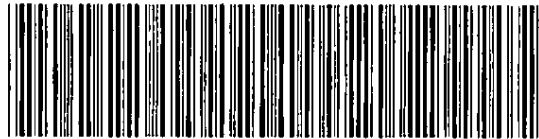
(Business Entity Name)

(Document Number)

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MICHIGAN SECRETARY OF STATE

2022 AUG -1 AM 11:00

8/1/22

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lakeland Atlantic Driving School L.L.C.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl L. Giles  
Name of Person

Lakeland Atlantic Driving School LLC  
Firm/Company

905 6th St. N.W.  
Address

Winter Haven, FL 33881  
City/State and Zip Code

cheryl.giles87@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl L. Giles at (863) 670-2665  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Lakeland Atlantic Driving School, L.L.C.

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

2022 AUG 11 11:00  
L.L.C.

The Articles of Organization for this Limited Liability Company were filed on 12/8/10 and assigned  
Florida document number L10000125901.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: \_\_\_\_\_

Cheryl L Giles

New Registered Office Address: \_\_\_\_\_

905 6<sup>th</sup> St. NW

Enter Florida street address

Winter Haven

City

Florida

33881

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.*

Cheryl L Giles

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	Cheryl Giles	905 6 <sup>th</sup> St. NW	<input checked="" type="checkbox"/> Add
		Winter Haven Fl. 33881	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniel Giles Jr.	905 6 <sup>th</sup> St. N.W	<input checked="" type="checkbox"/> Add
		Winter Haven, Fl 33881	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mr. Marco D. Lashin	905 6 <sup>th</sup> St. NW	<input type="checkbox"/> Add
		Winter Haven, Fl. 33881	<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

[illegible]

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 30, 2022.

Cheryl Giles  
Signature of a member or

Signature of a member or authorized representative of a member

Chenyl C-115  
Typed or p

Typed or printed name of signee