## 111000003282

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(Cit	y/State/Zip/Phone	e #)
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SECRUTARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

	gistration Sec rision of Corp				
EUDIECT.		ESTMENT GROUP, LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please returi	all correspor	ndence concerning this matter	to the following:		
		MICHAEL G. HORTON			
			Name of Person	<u> </u>	
		LAW OFFICE OF MICHA	AEL G. HORTON, P.A.		
			Firm/Company		
		900 WEST HIGHWAY 50	)		
			Address	<del></del>	
		CLERMONT, FL 34711			
		City/State and Zip Code			
		michael.horton.law@gmail.			
		E-mail address: (I	to be used for future annual report no	otification)	
For further i	nformation co	oncerning this matter, please ca	all:		
MICHAEL	G. HORTON	ſ	352 394-4008		
	Name of	Person	at () Area Code Dayti	ime Telephone Number	
Enclosed is	a check for th	e following amount:			
<b>■</b> \$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

LAKE INVESTMENT GROUP, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on JANUARY 7, 2011	and assigned
Florida document number L11000003282		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
		<b>16</b>
		JOE
Enter new mailing address, if applicable:		07 F
(Mailing address MAY BE A POST OFFICE BOX)		<u>→ × × × × × × × × × × × × × × × × × × ×</u>
		**************************************
		• • • • • • • • • • • • • • • • • • •
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter</u> here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, 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 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 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>	Address	Type of Action
MGR	ROBERT THOMPSON	11905 Egret Bluff	
		Clermont, FL 34711	
			□ Remove
			☐ Change
			□ Remove
		☐ Change	
<del></del>			□ Add
		🗖 Remove	
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			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessar		_
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(If an e Note	(optional flective date, if other than the date of filing:  The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records.	g.) Pursuant to 60:	5.0207 ( ted as t
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earli	ier of:
Date	July 18. 2018		
	Signature of a member or authorized expresentative of a member		
	Signature of a member of authorized to presentative of a member		

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Filing Fee: \$25.00