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EXAMINER



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10/11/12--01014--011 **25.00

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Garys. Betensty, Esquire
	Lichman Greek, 1A Firm/Company
	250 austolianavenus South suite 1504
	Upst-Jolm Bach, FL 3340/
	City/State and Zip Code Gbelensty & Whmungreer (om E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
<u>_</u>	Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$25	5.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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 Okerchak (Name of the Limited)	ee Holdu		<u>C</u>	do	
(A)	Florida Limited Li	ability Company)	<u>us.</u>)	
The Articles of Organization for this Limited Lia Florida document number	bility Company	were filed on	62/03/11	and assi	igned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company h	<u>ere</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Com	pany," the designa	ation "LLC" or the a	bbreviation
Enter new principal offices address, if applica	ble:			50.	
(Principal office address MUST BE A STREET	ADDRESS)				<u> </u>
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE B</u>	<u>80X)</u>			TILL AMIL: 21 STARY OF STARE HASSEE, FLORIDA	
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, <u>e</u>	enter the name of	f the new
Name of New Registered Agent:	Bary S.	Be-lensk	y Esquir	e uila ISNI	
New Registered Office Address:	230 UIDT		U WH JU Enter Florida stre		<u>. </u>
	West-John	beach	, Flori	201101	

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, thereby 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 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 = Ma $MGRM = M$	nager Tanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	-		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	
	0 1		
Dated(October 10, 2		
	OSCar	nber or authorized representative of a member 2 od 11 00 2. ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00