L12000004157

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B. **KOHR**JAN **220** 2012

EXAMINER

B. KOHR

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EXAMINER



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lake Success Acquisitions LLC #L12000004157 Name of Limited Liability Company
Name of Elimited Elaomity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barry Bergman Name of Person
Barry Bergman Name of Person Lahe Success Sequestions LC Firm/Company
5300 NW 12 AVE STE 7
Ft. Laucles dale 7/ 33309
Ft. Laucles dale F1 33309 City/State and Zip Code Fanya eldridge @ gmail.com Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
INEZ HUERTA JOR/TANYA Eldridge (954) - 302-8714 Name of Person Area Code & Daytime Telephone Number
Name of Person / Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Solutional Copy is enclosed} Sol
s
MAILING ADDRESS: 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

LAKE Success Acquistion Corp LL C
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>January 9 2012</u> and assigned Florida document number <u>L12000004157</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the lim	ited liability company here:	
LAKE SUCCESS ACOL	HISITIONS LL	C
The new name must be distinguishable and end with the would "L.L.C."	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
· .		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office add		cords, enter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
·	Enter Flo	rida street address
		_, 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u> Fitle</u>	Name	Address	Type of Action
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			Remove
	·		Add Remove
			Add
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			Add Remove
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			Add Remove
). If amen	ding any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	
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Page 2 of 2

Filing Fee: \$25.00