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. (Re	equestor's Name)	
. (Ad	idress) .	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL .
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Van Lake Properties LLC 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:	
Brian A. Kryzanski Name of Person	
Van Lake Properties, UC	
7406 Spinnakor BIVO	era
Englewood Fl 34224 City/State and Zip Code	2013 FEB - SEGRETA SALLAHA:
E-mail address: (to be used for future annual report notification)	-5 SSEE
For further information concerning this matter, please call:	PH 4: OF STA
Brian A. Kryzanski at (294) 457 0340 Area Code & Daytime Telephone Number	- 38 - 38
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

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

Van Lake Propert		
(Name of the Limited Liability Compar (A Florida Limited L	<u>ny as it ndw appears on our reco</u> liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1 2 000009</u> 14	were filed on	12 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	-C	
The new name must be distinguishable and end with the words "Limit"L.L.C."		
Enter new principal offices address, if applicable:		- ^
(Principal office address MUST BE A STREET ADDRESS)	CSAN 7406 Spinnak Englewood, I	2) 34224
Enter new mailing address, if applicable:		20 7AL
(Mailing address MAY BE A POST OFFICE BOX)		FEB- CRETAL LAHAS
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
egistered agent and of the new registered office address nere	•	1.38 TATE
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	
	Enter riorida sti	reci adaress
	, Flor	rida Zip Code
	City	Ziji 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Add Remove Add Remove Add Remove Remove Add Remove

D. If a	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Type of business - change from Real
	Type of business - change from Real Estate to food vendors.
Dated _	1/30/13
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Brign A. Kryzansk, Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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