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COVER LETTER

Division of Corp	orations			
SUBJECT:	*DS Little	Lake Harris	Pub LLC	<u>) </u>
	, and or is.	Submity Company		
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	Ronald G	Name of Person		-
	561 Little	Lake Harris Pu Firm/Company	b LC	-
	27714 Loi	5 Drive Address		1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	Tavares,	FL: 32778 City/State and Zip Code	D)	超高72
	E-mail address (t	its @ q mail. Cont to be used for future annual report noti		
For further information co	ncerning this matter, please ca	all:		200 E
Mona Name of	Smith Person	at (814) 832- Area Code Daytim	- 6963 le Telephone Number	
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

L&DS Little Lake Harris Pub			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records Liability Company))	
The Articles of Organization for this Limited Liability Company Florida document number L12000022601	were filed on 2/09/2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
561 Little Lake Harris Pub			
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		建船 6	
Trucipa Office adaress MOST DL/ISTRELL ADDRESS	 	國田田	
		55 5 5	
Enter new mailing address, if applicable:		門全国	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
Trump date 155 MIT BENT OF OFFICE BOTY	10 Kg		
3. If amending the registered agent and/or registered of		enter the name of the	
egistered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		rida Zip Code	
	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
			□ Add
			□ Remove
			Add
			☐ Remove
			☐ Change
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			The Party of the P
			2 Change
			Remove
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Effect	tive date, if other than the fective date is listed, the date must	date of filing:	prior to date of filing		tional)	uant to 605.0207.(3
Note:	If the date inserted in this blo nent's effective date on the De	ock does not meet the ap	oplicable statutory f	iling requirements, t	his date will	nor be listed as th
docum	nent's effective date on the De	partificition State s reco	orus.		Es ₽	
he re	cord specifies a delayed	effective date, but	t not an effectiv	e time, at 12:0:	am. on t	he earlier of:
The	90th day after the reco	ord is filed.			25 G	
	February 9	2016				
Dated	- Toolumy)	·/›	—:, _/			
	Forale	1D Ans				
	- Warran	Signature of a member or	authorized representa	tive of a member		, · · · · · · · · · · · · · · · · · · ·

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Filing Fee: \$25.00