L12000027074

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TO: Registration Section Division of Corporations

LEHIGH ACRES LOTS, LLC SUBJECT: _ 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: **ZVI YOSIFON** Name of Person LEHIGH ACRES LOTS, LLC Firm/Company 2450 HOLLYWOOD BLVD - STE, 703 Address HOLLYWOOD, FL 33020 City/State and Zip Code realpropertiesny@gmail.com E-mail address; (to be used for future annual report notification) 29 411 15 For further information concerning this matter, please call: 367-3322 **ZVI YOSIFON** 954 at (Area Code Name of Person Daytime Telephone Number 2 Enclosed is a check for the following amount: 🖾 \$25,00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LEHIGH ACRES LOTS, LLC	* <i>Э</i>
(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 on02/24/2012 and assigned Florida document numberL12000027074	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u> :	<u>stered</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cuy

Zip Code

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>	Name	Address	Type of Action
MGR	OTTO, GARY	6100 HOLLYWOOD BLVD, #505. HOLLYWOOD, FL 33024	XI Add
			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective d	late, if other than the d	ate of filing:		(optic	enal)	
<u>Note:</u> If th	e date inserted in this bloc effective date on the Dep	k does not meet the app	plicable statutory fili	ing requirements, this	date will not be list	ed as the
f the record spe ecord is filed.	cifies a delayed effective	date, but not an effectiv	e time, at 12:01 a.m	, on the earlier of: (b) The 90th day afte	r the
Dated	May 11th	2020				
	Zú	Josifon				
-	S	ignature of a member or a	athorized representation	ce of a member		

ZVI YOSIFON

Typed or printed name of signee