

L12000045012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

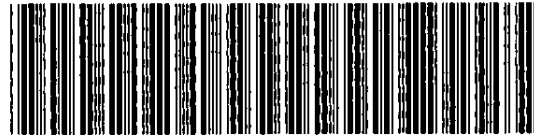
(Document Number)

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DEPARTMENT OF STATE
12 JUL 24 PM 4:07

FILED
12 JUL 24 PM 4:20
STATE DEPT OF STATE
HALLMARKS, BUREAU

C. LEWIS

JUL 24 2012

EXAMINER

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017
Date: 7/24/12

Requestor Name: Carlton Fields

Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 513-3619 - direct
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

RECEIVED
DEPARTMENT OF STATE
12 JUL 24 PM 4:05

Corporation Name:

LAKE CITY CENTER ASSOCIATES, LLC

Email Address:

Entity Number:

Authorization:

Aisha Anchieta

☒ ART. & Amos.
Certified Copy

☐ New Filings

☐ Fictitious Name

☐ Plain Stamped Copy

☐ Amendments

☒ Certificate of Status

☐ Annual Report

☐ Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

CF Internal Use Only

Client: 23271

Matter: 81317

Name: DEAS

Office: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake City Center Associates, 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:

William J. Deas

Name of Person

William J. Deas, P.A.

Firm/Company

2215 River Blvd.

Address

Jacksonville, FL 32204

City/State and Zip Code

wjdeaspa@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William J. Deas

Name of Person

at (904) 387-9292

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
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

FILED
12 JUL 24 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lake City Center Associates, LLC

(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 April 2, 2012 and assigned
Florida document number L12000045012.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: William J. Deas

New Registered Office Address: 2215 River Blvd.

Enter Florida street address

Jacksonville, Florida 32204

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:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Joseph Gottesman	3856 Oakton St. Skokie, IL 60076	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Bryan Cagan	3856 Oakton St. Skokie, IL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Michael Daniels	3856 Oakton St. Skokie, IL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 24, 2012.

 Signature of a member or authorized representative of a member
Jeffrey Cagan Typed or printed name of signee

FILED
12 JUL 24 PM 4:20
SECRETARY OF STATE
TAL BAKER-SEE, RECORDS