W

U3000026716

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



500437775025

10/18/24--01007--018 **25.00

COVER LETTER

| | vision of Cor | | | · |
|----------------|-----------------------------|---------------------------------|---|--|
| | LAKE PRO | OPERTIES DEVELOPMENT, | LLC | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclose | d Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | n all correspo | ondence concerning this matter | to the following: | |
| | | JAMES LEE SMITH | ∴ | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | P. O. BOX 1751 | | |
| | | | Address | |
| | | MOUNT DORA, FLORII | DA. 32756 | |
| | | | City/State and Zip Code | |
| | | WRITEMELEE@YAHOO | .COM to be used for future annual report notifi | (marian) |
| For further i | nformation c | oncerning this matter, please c | | icarvii) |
| JAMES LE | | • | 407 383-7111 | |
| Name of Person | | at () Area Code Daytime | : Telephone Number | |
| Englaced is | a check for th | ne following amount: | | |
| ■ \$25.00 | | ☐ \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | ☐ \$60.00 Filing Fee. |
| = 32.5.00 | rang rec | Certificate of Status | Certified Copy tadditional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | |
| | iling Addres | | Street Address: | |
| | gistration S vision of C | Section ornorations | Registration Sec Division of Cort | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LAKE PROPERTIES DEVELOP | MENT, LLC | | |
|---|---|--|--|
| (Name of the Lim | ted Liability Compa (A Florida Limited I | ny as it now appears on (Jability Company) | our records.) |
| The Articles of Organization for this Limited I Florida document number L13000026716 | iability Company | were filed on FEBRU | ARY 20, 2013 and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the | words "Limited Liabil | lity Company," the design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 3743 LAKE CENTE | R DRIVE |
| (Principal office address MUST BE A STREET ADDRESS) | | MOUNT DORA, FI. | 32757 |
| | | | · - |
| | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | P. O. BOX 1751 | |
| | | MOUNT DORA, FL | 32756 |
| | | | |
| 3. If amending the registered agent and/or egent and/or the new registered office addre | ess here: | | ls, enter the name of the new registe |
| Name of New Registered Agent: | JAMES LEE SMITH | | |
| New Registered Office Address: | 3743 LAKE CI | ENTER DRIVE | |
| | | Enter Florida st | |
| | MOUNT DOR | | Florida ³²⁷⁵⁷ |
| | | 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 |
|--------------|------------------|------------------------|----------------|
| MGR | GENE N. SMITH | 357 WEST ALFRED STREET | □.Add |
| | | TAVARES, FL 32778 | ≣Remove |
| | | | □ Change |
| MGR | JAMES LEE SMITH | 3743 LAKE CENTER DRIVE | ■Add |
| | | MOUNT DORA, FL 32757 | □Remove |
| | | | □ Change |
| AMBR | KIRBY WADE SMITH | 1570 TAMARAC TRAIL | 🗆 Add |
| | | TAVARES, FL 32778 | ■Remove |
| | | | ClChange |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
| | | <u> </u> | □Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | |
| | | | Channa |

| _ | |
|--------------------|---|
| | |
| _ | |
| _ | |
| _ | |
| | |
| _ | |
| _ | |
| _ | |
| | |
| | |
| _ | |
| _ | |
| _ | |
| | |
| _ | |
| _ | |
| _ | |
| | |
| _ | |
| Note: | re date, if other than the date of filing: |
| d is file | |
| | SEPTEMBER 30 2024 |
| botef | · |
| Dated ₋ | SEPTEMBER 30 2024 Bene W. Smith Signature of a member or authorized representative of a member GENE N. SMITH |

Filing Fee: \$25.00

| | | | | | | = |
|--|---------------------------------|-----------------|---|---|---|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | _ |
| | | | | | | _ |
| | · | | | | | _ |
| | | | | | | |
| | | | | | | _ |
| | | | | · | | _ |
| | | | | | | |
| | | | | | # = | _ |
| | | | | | | - |
| | | | | | | |
| | | | | | | _ |
| | | | | | | _ |
| | | | | | | _ |
| | | | | | | |
| | | | | | | _ |
| | | | | ··· · · · · · · · · · · · · · · · · · | | _ |
| | | | | | | |
| | | | | | | - |
| | | | | | | _ |
| ective date, if other than the date is effective date is listed, the date must be space. If the date inserted in this block decument's effective date on the Departr | oes not meet the app | slicable statut | iling or more than ory filing requir | (optiona 90 days after fili ements, this da | il) ng.) Pursuant to 60 ite will not be lis | i5.0207 sted as |
| cord specifies a delayed effective date s filed. | | | | | | er the |
| SEPTEMBER 30 | 2024 | | | | | |
| SEPTEMBER 30 Jawes Colonia | Sitte— aure of a member or m | athorized repre | esentative of a mer | nber | | |
| O E III | and an amount of at | | in a met | •1 | | |

Filing Fee: \$25.00