

L13000034994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
NOV 24 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LOST LAKE COMPANIES 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:

ANA VAN METER

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

134 N LOST LAKE LN

\_\_\_\_\_  
Address

CASSELBERRY, FL 32707

\_\_\_\_\_  
City/State and Zip Code

VMETERANA@GMAIL.COM

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

For further information concerning this matter, please call:

ANA VAN METER

407 865-1439  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

LOST LAKE COMPANIES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 03-07-2013 and assigned  
Florida document number L13000034994.

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

Name of New Registered Agent:

ANA VAN METER

New Registered Office Address:

Enter Florida street address

Florida

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>   | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|---------------|-----------------------|--|
| MGR          | ANA VAN METER | 134 N LOST LAKE LN    | <input checked="" type="checkbox"/> Add    |
|              |               | CASSELBERRY, FL 32707 | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |
| MGR          | ANA MANCHENO  | 134 N LOST LAKE LN    | <input type="checkbox"/> Add               |
|              |               | CASSELBERRY, FL 32707 | <input checked="" type="checkbox"/> Remove |
|              |               |                       | <input type="checkbox"/> Change            |
|              |               |                       | <input type="checkbox"/> Add               |
|              |               |                       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |
|              |               |                       | <input type="checkbox"/> Add               |
|              |               |                       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |
|              |               |                       | <input type="checkbox"/> Add               |
|              |               |                       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |

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

AMENDING WITH MARRIED NAME

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 20, 2015



Signature of a member or authorized representative of a member

ANA VAN METER

Typed or printed name of signee