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SECRETARY OF STATE

N. Cualgan SEP 2 0 2018

# **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT:	LAKE DRIVE Name of Limited	: UC	
	Name of Limited	renaouny Company	
The enclosed Articles of Ame	ndment and fee(s) are submi	itted for filing.	
Please return all corresponden	ce concerning this matter to	the following:	
_	TIME	THY D. AHEBOR	ey
		Name of Person OUNT FUNDING	·
_	212 E	OCEAN AVE	
	Lanta	Address  NA, FL 33462  City/State and Zip Code	_
	+ MaHel E-mail address: (to	City/State and Zip Code  City/State and Zip Code  Code used for future annual report notification	on)
For further information conce			
TIMOTHY D.	AHEBERRY	at ( <u>561</u> ) <u>502.62</u> Area Code & Daytime Tel	83 ephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	IS30.00 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

# FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013 SEP 19 PH 12: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1810 LAK	E DRIVE, LLC	
(Name of the Limited Lia (A Flo	E DRIVE, UC  ability Company as it now appears of orida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabi		3 - 20 - 13 and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
13043 LL	C	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	4DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
	Zine.	
-	City	, Florida 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 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 = Mar MGRM = M	nager lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Remove
			— <b>—</b>
			— ☐ ∧dd
<del> · · ·</del>			
			Remove
<del></del>			
		- Anna -	Remove
<del></del>			Add
			Remove
			·
	- Andrews - Andr		Add
			Remove

-If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	September 16, 2013.
	Signature of a plember or authorized representative of a member
	TIMOTHY D. AHERERRY
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
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