Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.

Account Number : I20170000034 Phone : (239)689-1096

Fax Number : (239)791-8132

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Legal & your-advocates. or g

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAGOON MANOR DEVELOPMENT LLC

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COVER LETTER

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	Division of Coi			
SUBJECT	LAGOON	MANOR DEVELOPMENT, I	rc	
SCINEC.		Name of Lin	nited Liability Company	······································
The enclos	sed Articles of	Amendment and fee(s) are sub	umitted for filing	
		• •	- .	
ricase ion	un au correspo	ondence concerning this matter	to the following:	
		RITA JACKMAN		
•			Name of Person	
			Firm/Company	
		4575 VIA ROYALE STE	200	
			Address	
		FORT MYERS, FL 33919	ı	
			City/State and Zip Code	
		LEGAL@YOUR-ADVOC		
For fu rthe r	information c	e-man address: (oncerning this matter, please c	to be used for future annual report no all:	unsenon
RITA JAC	CKMAN		239 689-1096 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
			•	
Enclosed is	s a check for th	ne following amount:		
\$25.00	Piling 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)
			<u> </u>	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassoc, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim		any as it now appears on the Liability Company)	our records.)	
The Articles of Organization for this Limited 1 Florida document number L13000058697		_	•	and assigned
This amendment is submitted to amend the fol	_	pility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designs	ation "LLC" or the a	
Enter new principal offices address, if applicable:		3501 N OCEAN DR	IVE UNIT 4F	·
(Principal office address MUST BE A STREET ADDRESS)		HOLLYWOOD, FL	33019	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	3501 N. OCEAN DR		
B. If amending the registered agent and registered agent and/or the new registered of			records, enter	the name of the ne
Name of New Registered Agent: RITA JACKMAN				
New Registered Office Address:	4575 VIA ROY	YALE STE 200		
		Enter Florida str	reet address	
	FORT MYERS	S	, Florida	919
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

LAGOON MANOR DEVELOPMENT LLC

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

Page 1 of 3

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
AMBR	ROBERT DRAKE	4575 VIA ROYALE STE 200	= Add
•		FORT MYERS, FL 33919	Remove
			□ Change
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			Remove
		fest	□ Change
			Add
			□ Remove
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Fliing Fee: \$25.00