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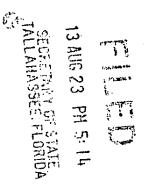
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## **COVER LETTER**

Division of Corporations		
SUBJECT: Lake 999 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:		
Alaer Mufleh		
Name of Person		
Firm/Company		
22132 Cressmont PL Address		
Boch Rata 17- 33428 City/State and Zip Code		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	Col	
Alaa Mufleh at (561) 245-0290  Name of Person Area Code & Daytime Telephone Number	13 AU	
Name of Person Area Code & Daytime Telephone Number	AUS 23	i Dabatan
Enclosed is a check for the following amount:		Santages J
(additional copy is enclosed) Certified	te of Status &	sed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lake 999	LLC	
( <u>Name of the Limited Lial</u> (A Flo	pility Company as it now appears on our records Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabil	• • •	o/3 and assigned
Florida document number <u>L/3000 116</u> 7	<u>37</u> .	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	<del>.</del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
		A70-
B. If amending the registered agent and/or r		, enter the name of the new
registered agent and/or the new registered office	address here:	AHAD
Name of New Registered Agent:		COS CO PORT
New Registered Office Address:		P P
	Enter Florida s	street all ress 9
<del>-</del>	, Fl	orida Zin 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	MARTAG MUFLEH ENTERPRISESLLC	11691 Timberwood KD Boca Raton, FL 33428	Add Remove
			Add Remove
			Add
			Add Remove
		in in	Remove  Remove
			Add

	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
• • •	
<del></del>	
<del> </del>	
<del></del>	
!	·
	Signature of a member or authorized representative of a member
	Alaa Mullah Typed or printed name of signee
<del></del>	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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