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(Req	uestor's Name)	
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PICK-UP	MAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
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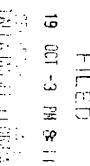
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## **COVER LETTER**

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TO: Registration Solution of Con			
5131 Lake	e LLC		
5015/ECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gregory E Jones		
	-	Name of Person	
	1317 Stratford Ave	Firm/Company	
	Panama City Fl. 32404	Address	
	gdsjones@earthlink.net	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	Scation)
For further information of	concerning this matter, please ca	ali:	
Gregory Jones		305 393 297 at ()	77
Name c	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5131 Lake LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on May 12, 2014 Florida document number L14000076371 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 "LLC." 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: New Registered Office Address: Enter Florida street address \_. Florida \_\_\_ City

## 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>	Type of Action
	Gregory E Jones	1317 Stratford Ave Panama City Fl.	
AMBR		32404	■ Add
			□ D
			□ Remove
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fective date, if other than the n effective date is listed, the date must stee: If the date inserted in this blocument's effective date on the De	ock does not meet the applicab	date of filing or more than 90 date of filing or more than 90 date of filing requirements	(optional) sys after filing.) Pursuant to 605.020 nts, this date will not be listed a
record specifies a delayed The 90th day after the reco		an effective time, at 12	2:01 a.m. on the earlier
September 30, 2019			
	Signature of a member or authoriz	· /)	

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Typed or printed name of signee

Filing Fee: \$25.00