## L/4000/04967

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K. SALY EXAMINER

FEB 26

## **COVER LETTER**

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Div	ision of Cor	porations		
SUBJECT:	Lake Specia	alized Services, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	<del>-</del>	
		Ryan Cook		
			Name of Person	
		Lake Specialized Services		
			Firm/Company	
		22450 Will Murphy Road		
			Address	<del></del>
		Umatilla, FL 32784		
			City/State and Zip Code	
		Lakespecializedservices@g		
		E-mail address: (	to be used for future annual report notific	ation)
For further in	nformation c	oncerning this matter, please co	all:	
Ryan Cook			352 406-6221	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
\$25.00 F	Filing 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)

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

TO:

**Registration Section** 

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

2016 FEB 25 PM 5: 42

Lake Specialized Servicefg, LLC

(Name of the Limited Liability Company as it now appears on our records,)

(A Florida Limited Liability Company)

(A FOIIGH	Limited Liability Company)	HASSEF, FLORIG
The Articles of Organization for this Limited Liability Co	mpany were filed on 4-14-14	and assigned
Florida document number L14000104967	-· -·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
LAKE GARAGE DOOR SERVICE LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
1.00 Registered Office / Rediction	Enter Florida street address	
	, Flor	ida
	City	ida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coaccept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and ent as provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
	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 = M AMBR = A	lanager uthorized Member	F/1	$\begin{array}{c} F_{ij} & F_{ij$
<u>Title</u>	Name	Address MALMILLA	Phy 5: 42
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	tive date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next is effective date on the Department of State's records.
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Page 3 of 3

Filing Fee: \$25.00