

L14 000164492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

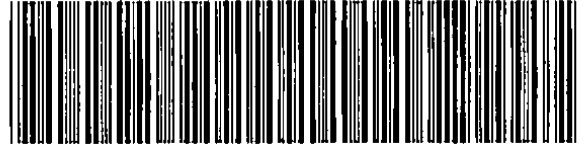
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE SYLVAN PARTNERS 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:

Gavin S. Banta

Name of Person

Angelo & Banta, P.A.

Firm/Company

515 East Las Olas Boulevard, Suite 850

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

gsh@angelolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gavin S. Banta

954

766- 9930

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LAKE SYLVAN PARTNERS 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 10/21/2014 and assigned
Florida document number 1.14000164492.

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 "L.L.C."

Enter new principal offices address, if applicable:

2200 N. OCEAN BLVD., APT. S401

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33305

Enter new mailing address, if applicable:

2200 N. OCEAN BLVD., APT. S401

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33305

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:

PEARSON, JOHN M

New Registered Office Address:

2200 N. OCEAN BLVD., APT. S401

Enter Florida street address

FORT LAUDERDALE

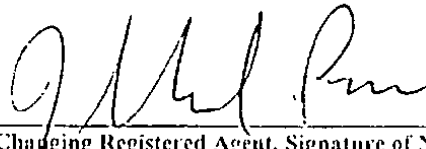
City

, Florida 33305

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 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>	<u>Type of Action</u>
MGR	Imagination Properties 1637 East L	230 SW Natura Avenue	<input type="checkbox"/> Add
		Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JHHH, LLC	2200 N. OCEAN BLVD., APT. S401	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

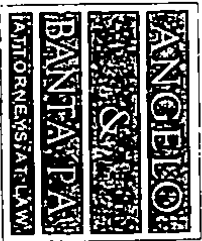
Dated JULY 22, 2021

Signature of a member or authorized representative of a member

JOHN M. PEARSON

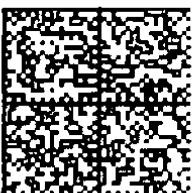
Typed or printed name of signee

Filing Fee: \$25.00



SunTrust Center
515 East Las Olas Boulevard, Suite 850
Fort Lauderdale, Florida 33301

James W. Carpenter
ANGELO & BANTA, P.A.
SunTrust Center, Suite 850
515 East Las Olas Boulevard
Fort Lauderdale, Florida 33301



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