L150000 14674

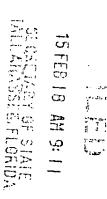
	"	
(Re	equestor's Name)	
(Ac	ldress)	
	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	•
Certified Copies	_ · Certificate	s of Status
Special Instructions to	Eiling Officer:	
Opecial manuculous to	i milg Officer.	ļ

Office Use Only



200269223912

02/18/15--01019--012 **25.00



COVER LETTER

TO:	Registration Sec Division of Corp			
CUDIE	Park Lake	e Asset Management L	LC	
Name of Limited Liability Company				
The end	closed Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Kym Rodgers		
			Name of Person	
Park Lake Asset Management				
Firm/Company			· · · · · · · · · · · · · · · · · · ·	
100 Kennison Drive				
			Address	
		Orlando, FL 32801		
			City/State and Zip Code	
		parklakeassetmanag	ement@gmail.com to be used for future annual report notific	ution)
For furt	ther information co	oncerning this matter, please co	•	ation)
Kym	Rodgers		214 808-0827	
-1-	Name of	Person	at () Area Code Daytime 7	Telephone Number
Enclose	ed is a check for the	e following amount:		
■ \$25	5.00 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Park Lake Asset Management		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 15000014674.	and assigned	
This amendment is submitted to amend the following:	tted to amend the following: nter the new name of the limited liability company here: uishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ces address, if applicable: MUST BE A STREET ADDRESS) ess, if applicable: E A POST OFFICE BOX) egistered agent and/or registered office address on our records, enter the name of the new	
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)	. (
Enter new mailing address, if applicable:	NIA	
(Mailing address MAY BE A POST OFFICE BOX)	•	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:		Ze c
New Registered Office Address:		
	Enter Florida street address Florida	Zip Code (11)
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Or	gree to comply with the familiar with and , if this document is
If Chang	ing Registered Agent, Signature of New R	

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Ryan West	3213 Silver Creek Drive	
		Plano, TX 75093	■ Remove
MGR	Kym Rodgers	100 Kennison Drive	■ Add
		Orlando, FL 32801	Remove
			Add
			□ Remove
			Add
			☐ Remove
			Remove,
			□ Remove

D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necess	ary.)
·			<u></u>
			
. Effectiv	e date, if other than the date of filing:	coption (option	al)
(The effect	ive date must be specific, cannot be prior to date his document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after	
Dated _	February 1	2015	
	Kynikodyks		4
	() Signature of a me	ember or authorized representative of a member	
	Kym Rodgers	Ryan	vest
	Т	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

15 FEB 10 AM 9: 11