

LS000158790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

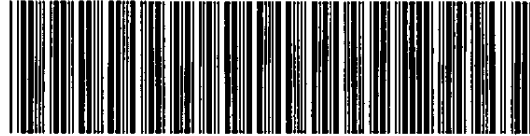
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 28 2016

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Golden Lantern Lake Charles 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:

Neil Richardson

Name of Person

Newport Holdings LLC

Firm/Company

15 Stone Pine Drive

Address

Newport Coast CA 92657

City/State and Zip Code

newporthold@gmail.com

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

For further information concerning this matter, please call:

Neil Richardson

916 730-0283
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/COURIER ADDRESS:

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

Articles of Amendment to
Articles of Organization
OF

Golden Lantern - Lake Charles 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 9/21/2015 and assigned
Florida document number L15000158790

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Lake Charles Resort LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

2429 West Coast Highway #210

Newport Beach CA 92663

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15 Stone Pine Drive

Newport Coast, CA 92657

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: Gilles Ouellette

New Registered Office Address: 759 28th St

Enter Florida street address

Orlando

Florida 32805

City

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

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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>
AMBR	Curt Malone		<input type="checkbox"/> Add
		15 Stone Pine Dr, Newport Coast C	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Curt Malone		<input type="checkbox"/> Add
		15 Stone Pine Dr, Newport Coast C	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Neil Richardson		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Neil Richardson		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 JAN 23, 2016

Signature of a member or authorized representative of a member

Neil Richardson

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Neil Richardson

15 Stone Pine Drive

Newport Coast CA 92657

newporthold@gmail.com

916-730-0283

Enclosed are requests for 2 new formations and 1 name change

Thank You