## 116000194812

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## **COVER LETTER**

TO:	Registration Section Division of Corporatio	ns			
CITE IS	CT.	Lake Sherwood I	I LLC		
SUBJE	CI:	Name of Lim	ited Liability Company		
	losed Articles of Amendr		·		
i icase i	ctuin an correspondence	_	Minty T Phan		
	<del></del> ,		Name of Person		_
		Tit	usville Square LLC		
		Firm/Company			;
	:	1816 Cresent Blvd			
	<del></del>		Address		,.
3			Orlando, Florida 32817		
e service of the serv			City/State and Zip Code		<del>-</del>
			ndyphan999@gmail.com to be used for future annual repo		a de se
ि शृष्टि <b>For furtl</b>	Mindy T Phan	g this matter, please ca	407	617-2268	allen sing
	Name of Person	A Maria Control of the Control of th	Area Code I	Daytime Telephone Number	er .
		ring amount: 0.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certifie	ate of Status &
	MAILING AD	DRESS:	STREET/CO	OURIER ADDRESS:	

Registration Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lake Sherwood II LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	<del></del>
The Articles of Organization for this Limited Liability Company v	vere filed on	and assigned
Florida document numberL16000194812		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Titusville Square LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	1816 Cresent Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32817	えていて
,	( )	The second
·		58 50
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2. 12.14 ·	5.0
Muning undress man DE AT OST OFFICE BOAY	· · · · · · · · · · · · · · · · · · ·	9, 6
B. If amending the registered agent and/or registered offi	ice address on our records, enter	the name of the new :
registered agent and/or the new registered office address here:		A STATE OF THE STA
	·	,
Name of New Registered Agent:	<u>:</u>	
New Registered Office Address:	:	
New Registered Office Address.	Enter Florida street address	
	, Florida	
(4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	City , Florida	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 **Type of Action Title** Name <u>Address</u> \_□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ÷ □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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Note: If the d	te, if other than the ate is listed, the date must late inserted in this bliffective date on the D	ock does not m	eet the applica	to date of filing o	r more than 90 da ling requiremen	(optional) ys after filing. nts, this date	) Pursuant to 605	5.0207 (3 ed as th
	pecifies a delayed day after the rec		ate, but not	an effectiv	e time, at 12	::01 a.m.	on the earli	er of:
Dated	01/05	, A ()	2017		$\overline{}$			
		Signature of a m	nember or autho	rized representat	ive of a member			

Page 3 of 3

Filing Fee: \$25.00