## 117000089297

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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## **COVER LETTER**

TO: Registration : Division of Co		-	
	estment Management, LLC		s •
SUBJECT:	Name of Limi	ted Liability Company	<del></del> -
	of Amendment and fee(s) are sub-	_	
	Joel Threikeld		
		Name of Person	
	Threlkeld Law, P.A.		
		Firm/Company	
	3003 Tamiami Trail N., Su	ite 400	
		Address	
	Naples, Florida 34103		
		City/State and Zip Code	
	joel@napleslegal.net	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	•	, cally,
Joel Threlkeld		239 234-5034 at ( )	
Name	e of Person		e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address:	ation
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laker Investment Management, LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our record ited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Comp.	pany were filed on 04/21/2017	and assigned
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 I	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
Principal office address MUST BE A STREET ADDRESS	s)	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		FILEB23 PM 3: 49
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	îce address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	s
	, Flo	orida

## 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 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>	Address	Type of Action
MGR	Carolina Houston	3375 E. Tamiami Trail #100	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Naples, FL 34112	≣Remove
			□Change
MGR	Joseph Houston	3375 E. Tamiami Trail #100	√Add
		Naples, FL 34112	□ Remove
			Change
		<del></del>	□ Add
		-	□Remove
			Change
			🖸 Add
			Remove
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Note: If t	date, if other than the date of filing:	nt to 605.0207 ( be listed as t
e record sp rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	lay after the
Dated	February 22. 2022.	
	Te 6 rucary 22. 2.022.  Atterner—117-4 (ict  Signature of a member or authorized representative of a member	
	/ /	

Filing Fee: \$25.00