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OCT 31 Min S. PRATHER

COVER LETTER

TO:	Registration Se Division of Cor			
		AKE HOLDINGS, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Megan Mosher		
		-	Name of Person	
		Mirror Lake Holdings, LLC		
			Firm/Company	
1950 Laurel Manor Drive, Suite 130				
			Address	
		The Villages, FL 32162		
		mmosher1069@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	cation)
For fu	ther information c	oncerning this matter, please co	all:	
Megai	ı Mosher		352 216-1783	
	Name o	f Person	at ()	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	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, Ft. 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

MIRROR LAKE HOLDINGS, LL	_			1,0 E	2018	
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on Liability Company)	our records.)		oci T	ij
The Articles of Organization for this Limited L. Florida document number This amendment is submitted to amend the following the submitted to amend the submitted the su	·	were filed on May 18	. 2017	SECTION NAME OF STATES	1 9 PM 5: 23	
A. If amending name, enter the new name of	f the limited liab	oility company here:				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the design	ation "LLC" or the at	breviation "I.	.l.,C."	
Enter new principal offices address, if applic	cable:	1950 Laurel Manor I	Orive, Suite 130			
(Principal office address MUST BE A STREET ADDRESS)		The Villages, FL 321	62			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1950 Laurel Manor l The Villages, FL 321				
B. If amending the registered agent and registered agent and/or the new registered o			r records, enter	the name	of the ne	:W
Name of New Registered Agent:	Jeffrey P. Skates, Esq.					
New Registered Office Address:	1028 Lake Sun	nter Landing				
	The Villages		Florida ³²	162		
		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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Cheri Kleiser	33836 Overton Drive The Villages, FL 32162	
			Remove
VP	Tanya Eason	1950 Laurel Manor Dr. Suite 130	□ Change
		The Villages, Fl. 32162	■ Add
			Remove
VP	Meg Mosher	1950 Laurel Manor Dr, Suite 130 The Villages, FL 32162	Change
			
			-
			□ Remove
			
			Remove
			Change
			□ Remove
			Change

D. If amendi ·	ng any other information, en	ter change(s) here: (Attach additional shee	ets, if necessary.)	
	·			
				
	· · · · · · · · · · · · · · · · · · ·			
(If an effectiv Note: If the	ne date inserted in this block does	filing: fic and cannot be prior to date of filing or more than 9 is not meet the applicable statutory filing require int of State's records.	ments, this date will not be listed	207 (3)(b) as the
	I specifies a delayed effect th day after the record is f	tive date, but not an effective time, at filed.	12:01 a.m. on the earlier	of:
Oct Dated	ober 12	2018		
	The Signature	e of a member of authorized representative of a mem	2018 OCT	€ App
	Renee B. Morse, Trustee (Meml	ber)	CT 19	
		Typed or printed name of signee	, Or SEE	
		Page 3 of 3	5: 23 STATE SFL	

Filing Fee: \$25.00