11700180262

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration S Division of Co			
Lake Weal	th Management, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Laura Hardin		
		Name of Person	
	Land Stewards, LLC		
		Firm/Company	
	2744 E. Commercial Blvd		
		Address	71.
	Ft. Lauderdale, FL 33308		
		City/State and Zip Code	
	dchlch@att.net		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
	of Person	at ()	30 (A S) - 1
Name (at Person	Area Code Day time	: Telephone Number
Enclosed is a check for t	he 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:

TO:

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

Lake Wealth Management, LLC		
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability lorida document number L17000180262	y Company were filed on 08/23/2017	and assigned
his amendment is submitted to amend the following	<u>. </u>	
. If amending name, <u>enter the new name of the l</u>	limited liability company here:	
and Stewards, LLC		
he new name must be distinguishable and contain the words."	Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
inter new principal offices address, if applicable:	- <u></u>	
Principal office address MUST BE A STREET AD	ODRESS)	
nter new mailing address, if applicable:		<u>.</u>
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or re	· ·	er the name of the
egistered agent and/or the new registered office a	nddress here:	n
		18 18
Name of New Registered Agent:		— 7 5
New Registered Office Address:		00
	Enter Florida street address	- O.S.
	, Florida	Zip Code: 2
	City	Zip Code • 2
an Danistarad Agant's Signatura, if changing Dagict	and trant.	70 6

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 Address **Type of Action** Title Name _ 🗆 Add __ 🗆 Remove ____ □ Change _□ Add _□ Remove _ Change _□ Add _□ Remove _____ Change _____ Pemove ____ □ Change □ Add ☐ Remove _□ Remove ☐ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
Note Note	etive date, if other than the date of filing:	ursuant to 605 Il not be liste	.0207 (3)(b) ed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or see 90th day after the record is filed.	the earlie	er of:
Date	d1/31/182018		
	Signature of a member or authorized representative of a member	18 ,FE	SECF BIVISIO
	James Hayes	£8 - 5	¥ OF C
	Typed or printed name of signee	2	ED Y OF S
	Page 3 of 3	-5 AHII: 29	TATE RATIONS
		-	<u>∞</u>

Filing Fee: \$25.00