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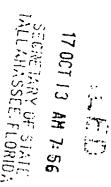
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COVER LETTER

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end mer		E DEVELOPMENT GROUP I	.L.C	
SUBJECT	:	Name of Lim	ited Liability Company	,
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	m all correspo	ndence concerning this matter	to the following:	
		Jenny Armstrong		
			Name of Person	
		LAKESIDE DEVELOPM	ENT GROUP LLC	
			Firm/Company	 -
		1770 59th Circle South		
			Address	
		St. Petersburg, Florida 337	112	
			City/State and Zip Code	
		jennybajan@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	all:	
Jenny Armstrong 727 215-7582 at (
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

LAKESIDE DEVELOPMENT GROU	
(Name of the Limited (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 000303444100	bility Company were filed on September 11, 2017 and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
LAKESIDE INVESTORS LLC.	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicab	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, enter the name of the ne ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	Cuv Zin Coda

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:

$\mathbf{AMBR} = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Remove
			□ Change
			Add
			☐ Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Change
			Remove

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fan effective <u>Vote:</u> If the	date is listed, the date date inserted in this effective date on the	must be specific as s block does not	nd cannot be promet the app	licable statuto	ng or more than 9 ry filing require	0 days after fili	ng.) Pursuant to 60	05.0207 sted as
	specifies a dela h day after the i			not an effec	tive time, at	12:01 a.m	n. on the earl	ier o
Septe	ember 28		2017	<u> </u>				
Dated/								

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00