4079099984

Tavistock

11-13-2019 02:35:47 p.m,

Note: Please print this page and use was a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAVISTOCK DEVELOPMENT

Account Number : I20170000084 Phone : (407)909-9957 Fax Number : (407)909-9957

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LN DRIVE SHACK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration S Division of Co			
-7	Shack, LLC		
3000001.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	andence concerning this matter	to the following:	
	Michelle Dadisman		
		Name of Person	
	Tavistock Financial, LLC		
		Firm/Company	***************************************
	9350 Conroy Windermere	Road	
		Address	E-th
	Windermere, FL 3476		
		City/State and Zip Code	
	michelle.dadisman@tavisto		
	E-mail address: (1	o be used for future annual report notific	ration)
For further information of	concerning this matter, please ea	ill:	
Michelle Dadisman		407 909-9957	
Name o	of Person	at () Area Code Daytime	Felephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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, FI. 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

	OF	
LN Drive Shack, LLC (Name of the Limited Limitity C	Company as it now appointed Liability Company	rears on our records.) 13 P 2: 80
The Articles of Organization for this Limited Liability Com Florida document number <u>L17000234358</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company	here:
The new name must be distinguishable and contain the words "Limited	Liability Company," th	te designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Eater Florida street a	ddress
	City	, Florida

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

Tavistock 02:36:50 p.m. 11-13-2019

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>	<u>Address</u>	Type of Action
VP, T	Jeffrey S. Smith	6900 Tavistock Lakes Blvd.	
		Suite 200	
			Remove
		Orlando, FL 32827	C Change
VP, T Benjamin A. Weaver	Benjamin A. Weaver	6900 Tavistock Lakes Blvd.,	
		Suite 200	⊒ Add
			☐ Remove
		Orlando, FL 32827	Change
			Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
 			
			Remove
		<u> </u>	Change
			☐ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(ii un ei <u>Note:</u>	tive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3, If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 13 , 2001.
	March 1990
	Signature of a member or authorized representative of a member
	Michelle R. Rencoret, Vice President & Secretary

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Filing Fee: \$25.00