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

(((H21000033342 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880 : (407)244-5690 Fax Number

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

Email Address: _____melissa.milligan@gray-robinson.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROPER MASCOTTE I, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration S Division of Co	
ROPER N	MASCOTTE I, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.
Please return all corresp	ocudence concerning this matter to the following:
	ROBERT L. HARDING
	Name of Person
	GRAYROBINSON, P.A.
	Firm/Company
	301 E. Pine Street, Suite 1400
	Address
	Orlando, FL 32801
	City/State and Zip Code
	metissa.milligan@gray-robinson.com
For further information	E-mail address: (to be used for future annual report notification) concerning this matter, please call:
Robert L. Harding	407 843-8880
Name	at (
Enclosed is a check for t	the following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

Malling Address: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROPER MASCOTTE I, LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on a	our records.)
The Articles of Organization for this Limited Liability Comp	oany were filed on 12/13/2	017 and assigned
Florida document number £17000255227		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Roper Lake County, LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	 	
		75. 20
B. If amending the registered agent and/or registered off	ice address on our record	is, enter the name of the new registere
gent and/or the new registered office address here:		E. S.
		Co. E. The
Name of New Registered Agent:		
New Registered Office Address:		30
	Enter Florida sti	reet address
		, Florida
	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.

☐ 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

Title	Name	Address	Type of Action
			□ Add
			□Remove
			☐ Change
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			□Remove
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(If an eff Note:	ive date, if other than the date of filing: (optional) (optional) (optional) (optional) (optional) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	January 25 2021
. 3	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee