

18000061576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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APR 20 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

LAKELAND ASSOCIATION LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth B. Christensen

Name of Person

Firm/Company

3365 Seminole Lane

Address

Marianna, FL 42088

City/State and Zip Code

alc@surgyn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan L. Christensen

270

804-9365

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

LAKELAND ASSOCIATION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 8, 2018 and assigned
Florida document number L18000061576.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3365 SEMINOLE LANE

MARIANNA, FL 32448

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3365 SEMINOLE LANE

MARIANNA, FL 32448

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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:

3365 SEMINOLE LANE

Enter Florida street address

MARIANNA

Florida

32448

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, 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>	<u>Type of Action</u>
MBR/AR	ELIZABETH B CHRISTENSEN	3365 SEMINOLE LANE	<input type="checkbox"/> Add
		MARIANNA, FL 32448	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	TYLER A CHRISTENSEN	3365 SEMINOLE LANE	<input type="checkbox"/> Add
		MARIANNA, FL 32448	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	NATHAN A CHRISTENSEN	3365 SEMINOLE LANE	<input checked="" type="checkbox"/> Add
		MARIANNA, FL 32448	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	SHELBY L CHRISTENSEN	3365 SEMINOLE LANE	<input checked="" type="checkbox"/> Add
		MARIANNA, FL 32448	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	WILLIAM J LARSON	7128 SW 93RD AVENUE	<input checked="" type="checkbox"/> Add
		GAINESVILLE, FL 32608	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

See Amended and Restated Articles Attached

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ **(optional)**

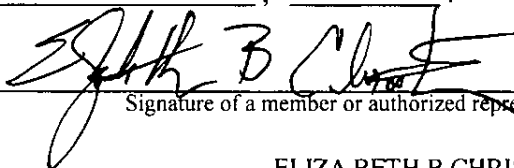
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated April 10th, 2018



Signature of a member or authorized representative of a member

ELIZA BETH B CHRISTENSEN

Typed or printed name of signee