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(Requestor's Name)	•
(Address)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 2 9 2018

COVER LETTER

Division of Co	rporations		
Little Lake SUBJECT:	ers LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Robert Hollway		
		Name of Person	
		Firm/Company	
	316 W Tilden Street		
		Address	
	Winter Garden, FL 34747		
		City/State and Zip Code	
	rkhollway@gmail.com		
	t-mail address; (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Robert Hollway		612 207-1658	
Name o	of Person		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:

Registration Section

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

Little Lakers LLC		
(<u>Name of the Limited Liabli</u> (A Florid	lity Company as it now appears on our records. In Limited Liability Company))
The Articles of Organization for this Limited Liability	Company were filed on 3/9/2018	and assigned
Florida document number 1.18000063058	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		141
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
	 	■ Sic
		7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Enter new mailing address, if applicable:		S CONTRACTOR
(Mailing address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the nev
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street address	
·	Flor	
	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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Hollway	316 W Tilden Street. Winter Garden ; FL 3478	7 ■ Add
			Remove
			Change
			🗅 Add
			□ Remove
			Change
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fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing or mo ote: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	ore than 90 days after filing.) Pursuant to 605 requirements, this date will not be liste	.020 ed a
record specifies a delayed effective date, but not an effective ti	ime at 12:01 a.m. on the english	25
The 90th day after the record is filed.	inne, at 12.01 a.m. on the earne	= ! (
ted		
2/60		
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Typed or printed name of signee

Filing Fee: \$25.00