(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP  WAIT  MAIL
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# **COVER LETTER**

Division of Corporations
SUBJECT: LAKE WORTH LIMITED, LLC 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:
Michael T. Paadeli Name of Person
LAKE WORTH UMIRO, LLC
21381 Sweetwater lanen
Boca Raton, FL 33428  City/State and Zip Code  Michael. Fadden Diaol. Low  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael T. Padden at (561) 302-6344  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Certificate of Status & Certified Copy (additional copy is enclosed) \$\Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

**Registration Section** 

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

LAKE WORTH LIMITED, 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 $3 - (5 - 20)8$ and assigned florida document number $\frac{L18000068328}{}$ .	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	<del>-</del> .
inter new principal offices address, if applicable:	2
Principal office address MUST BE A STREET ADDRESS)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ORPOR	
nter new mailing address, if applicable:  ### Address MAY BE A POST OFFICE BOX  ### ADDRESS MAY BE A POST OF	<u>≥</u>
Vialiting dataress MAT BE A FOST OFFICE DOX	_
. If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here:	: new
Name of New Registered Agent:	_
New Registered Office Address:  Enter Florida street address	_
, Florida	
City Zip Code	
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with	h the

If Changing Registered Agent, Signature of New Registered Agent

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 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 Type of Action **Title** Address Name 1 John T. Dunnavant 10044 Chardon my dr. 0 Add Orlando, FL 32832 \_\_ Change MGR Susan Dunnavant 10044 Crardonny dc. Drado Orlando FL32832 \_□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change □ Add □ Remove □ Change □ Add ☐ Remove

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fective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Department.	k does not meet the	applicable statu	filing or more than tory filing require	(optional) 90 days after filing, ernents, this date	.) Pursuant to 605.02 will not be listed	207 i as
record specifies a delayed e The 90th day after the record		out not an effe	ective time, a	t 12:01 a.m.	on the earlier	ol
Machael	phalurish a measure	or authorized repr	esentative of a mer	nber		
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Page 3 of 3

Filing Fee: \$25.00