L18000121555

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATIONS DIVISION OF CORPORATIONS

N COOPER MAY 2 5 2018

COVER LETTER

	te Investments, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rachel L. Symons		
		Name of Person	
	Clayton H. Blanchard, Jr.,	P.A.	
		Firm/Company	
	35 E. Pinehurst Blvd.		
		Address	
	Eustis, Florida 32726		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Rachel L. Symons		at () 589-1919x4 Area Code Daytime	
Name	of Person	Area Code Daytime	: 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 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

B & G Lake Investments, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on 05/15/2018	and assigned
Florida document number L18000121555		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8 VISIO
Principal office address MUST BE A STREET ADDRESS)		CRETAK ION OF C
Enter new mailing address, if applicable:		ORPORALI
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	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

i 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>	Address	Type of Action
MGR	Robert C. Granger	P.O. Box 1881	
		Eustis, Florida 32727	■ Remove
			Change
MGR Ro	Robert C. Granger, Jr.	P.O. Box 1881	= Add
		Eustis, Florida 32727	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
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		<u>on</u>
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Effec	tive date, if other than the date of filing: (optional)	
(If an e Note	Rective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	605.0207 (3 listed as th
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early 90th day after the record is filed.	arlier of:
5	May 22 2018/	

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Typed or printed name of signee

Filing Fee: \$25.00