118000122812

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| (Do | ocument Number) | _ |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRLIARY OF STATE DIVISION OF CORPORATION

N COOPER MAY 2 9 2018

COVER LETTER

| TO: | | stration Section of Corp | | | | |
|---------------|---------|--------------------------|-----------------|----------------------------------|---|---|
| SUBJE | CT: _ | LAKE | VIEW | DEVELOPMI Name of Lim | ENT I, LLC ited Liability Company | |
| | | | | and fee(s) are sub | | |
| | | | - | SHAKA | R.S. JAGGI Name of Person | <u></u> |
| | | | | LAKEVIEW | DEVELOPMENT I, Firm/Company | 11C |
| | | | | 5161 COLLI | Address | 708 |
| | | | | MIAMI B | City/State and Zip Code | |
| U | ahor in | Ermanion oo | | ` | jaggia Johoo. Con to be ishe for futur kannual report notif | lication) |
| | | | | nis matter, please c | | do 2 D |
| 5 | HAK | Name of | T ACC Person | | at (<u>646</u>) <u>532</u> Area Code Daytime | e Telephone Number |
| Enclose | ed is a | check for the | e following | ; amount: | | |
| v \$25 | 5,00 Fi | ling Fee | | 0 Filing Fee & ificate 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

| LAKEVIEW DEVELOPMEN (Name of the Limited Liability Compa | T, LLC | ır records.) | |
|--|--|---|----------------------|
| (A Florida Limited I | liability Company) | , | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L18000122812</u> . | were filed on5 | and as: | signed |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designat | ion "LLC" or the abbreviation "L | L.,C." |
| Enter new principal offices address, if applicable: | | | 9 |
| (Principal office address MUST BE A STREET ADDRESS) | | | 13SI/ 033S |
| (Principal office address MUST BE A STREET ADDRESS) | <u></u> | 7 | - 2 2 |
| | | | |
| | | יסי אב | |
| Enter new mailing address, if applicable: | | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u>N</u> | |
| | | | - *** |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: | ffice address on our | | of the new |
| | rmer Florida sir | eer aan css | |
| | City | , Florida Zip Code | |
| | • | z.y/ Code | |
| New Registered Agent's Signature, if changing Registered Agent | | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office | e performance of my d provided for in Chapt | luties, and I am familiar w er 605, F.S. Or, if this doc | ith and cument is |

If Changing Registered Agent, Signature of New Registered Agent

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|-------------------|----------------|
| AMBR. | RANBIR JAGGI | 25 LETTERY CIRCLE | Add |
| | | SUDBURY, MA 01776 | Remove |
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| ective date, if other that effective date is listed, the d | n the date of filing:ate must be specific and cannot be | prior to date of filing or | (optional more than 90 days after filing |) g.) Pursuant to 605.024 |
| te: If the date inserted in | this block does not meet the a the Department of State's rec | pplicable statutory fil | | |
| | · | | | |
| | layed effective date, bu | t not an effective | time, at 12:01 a.m. | on the earlier |
| he 90th day after th | e record is filed. | | | |
| 5/22/: | 2018 | | | |
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Page 3 of 3

Filing Fee: \$25.00