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COVER LETTER

Division of Corporations Lakeside At Waterman Village, 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: Janine Lester Name of Person Lakeside At Waterman Village, LLC Firm/Company 250 Brookfield Avenue Address Mount Dora, FL 32757 City/State and Zip Code jlester@watermanvillage.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Janine Lester Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30,00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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

Lakeside At Waterman Village, 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 May 18, 2018 and assigned 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

City

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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MURDOCK, HEARDLEY	250 BROOKFIELD AVE	⊟ Add
		MT, DORA, FL 32757	= Add
			☐ Remove
			Change
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E. Effective date, if other than the C (If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(ck does not meet the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed b) The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlier of: rd is filed.
November 2 Dated	2018
	ignature of a member or authorized representative of a member
•	agrande or a member of audiorized representative of a member
Heardley Murdock	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00