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| (Requestor's Name) | | | |
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| (Address) | | | |
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| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT | MAIL | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Sta | atus | | |
| Special Instructions to Filing Officer: | | | |
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COVER LETTER

| TO: | Registration Section Division of Corporations |
|----------|---|
| SUBJE | CCT: Lorres H. dden Lake House LLC. Name of Limited Liability Company. |
| The end | closed Articles of Amendment and fee(s) are submitted for filing. |
| Please r | return all correspondence concerning this matter to the following: |
| | Sergio Torres Name of Person |
| | Torres Hidden Lake House LLC |
| | 5631 Brookline Dr |
| | Orlando F-L 32819 City/State and Zip Code |
| | Sergio Otorresresidences in ternational. Com E-mail address: (to be used for future annual report notification) |
| For furt | ther information concerning this matter, please call: |
| S | OCTGIO TOYTES at (407) 938 1628 Area Code Daytime Telephone Number |
| Enclose | ed is a check for the following amount: |
| □ \$25 | 5.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & Certificate of Status \$\text{Certified Copy} (additional copy is enclosed) \$\text{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

| Jorres Hidder | Liability Company as it now appears on our | records.) |
|--|--|------------------------------------|
| \ | Liability Company as it now appears on our Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Lia Florida document number <u>L</u> 800014 | bility Company were filed on <u>6 - 8</u> 1 <u>393</u> 2 | 7-008 and assigned |
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of t | the limited liability company here: | |
| The new name must be distinguishable and contain the wor | rds "Limited Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applical | ble: | 18 SE |
| (Principal office address MUST BE A STREET | ADDRESS) | ア 報義 |
| | | 8 |
| Enter new mailing address, if applicable: | | 6: 08.45. |
| (Mailing address MAY BE A POST OFFICE B | <u>ox</u>) | 53 |
| | | |
| B. If amending the registered agent and/o | r registered office address on our re | ecords, enter the name of the nev |
| registered agent and/or the new registered offi | ce address here: | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street | address |
| | | , Florida |
| | 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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------------|----------------|
| <u> </u> | Faye Mena | 5631 Brookline Dr | Add |
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| Effective date, if other fan effective date is listed Note: If the date insert document's effective d | l, the date must be specifited in this block does | fic and cannot be not meet the ap | prior to date of filit plicable statutor | ng or more than 90 da y filing requiremen | ys after filing.) Pun | suant to 605 not be liste |
| ne record specifies The 90th day aft | | | not an effec | tive time, at 12 | 2:01 a.m. on t | he earlie |
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Filing Fee: \$25.00