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COVER LETTER

Division of Corp	orations				
subject: <u>Ladi</u>	J LOUCE Spo Name of Limit	ed Liability Company	1		
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return all correspon	dence concerning this matter to	o the following:			
	Sean Sta	Name of Person			
		Firm/Company			
	1005 Third	AUCAddress			
	Lady lake	F1 32159 City/State and Zip Code		2019 HAR 28	
	E-mail address: (to	be used for future annual report notific	ration)		
For further information co	ncerning this matter, please cal	11:		ြောင်း လူသည်	1
Sean St	anl Person	at (<u>352.) 4101 -</u> Area Code Daytime	H153 Telephone Number	- हैं हैं ड	
Enclosed is a check for the	e following amount:	/			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

Lady Lake (Name of the Limited	DOT+S ACAD MY Liability Company as it now appears on our records.) Florida Limited Liability Company)	LLC
The Articles of Organization for this Limited Liab Florida document number <u>L 18000 19 80 (</u>	•	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of th	he limited liability company here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	de:	he abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent: New Registered Office Address:	•	nter the name of the new
New Registered Office Address:	Enter Florida street address, Florida	a Din Code
	(iii)	rap Cina

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, 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
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Effective	date, if other	than the d	nte of filin	o:			10	optional)			
(If an effective Note: If t	ve date is listed, the date inserted 's effective date	ne date must b in this block	e specific and c does not r	d cannot be p	olicable stati		than 90 days	after filing.) l			
	d specifies a Oth day after				not an eff	fective tim	ne, at 12:()1 a.m. o	n the e	arlier o	f:
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Page 3 of 3

Typed or printed name of signee

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