

L18 000202368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

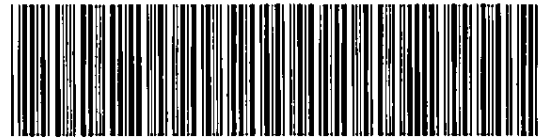
(Business Entity Name)

(Document Number)

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2018 OCT 19 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D PRUCE
OCT 31 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Adventures LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise McGlawlin
Name of Person

Firm/Company

PO Box 1389
Address

Eustis, FL 32726
City/State and Zip Code

DmCG88@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise McGlawlin at (518) 470-9508
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

2018 OCT 19 PM 3:24

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Lake Adventures 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 8-23-2018 and assigned Florida document number L18000202368

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 "L.L.C."

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

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Randall Connor	PO Box 1389 Eustis FL 32726	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 2018 OCT 19 PM 3:44
 EUSTIS FL 32726

2018 OCT 19 PM 3:04
INVESTIGATION

FILED
2018 OCT 19 PM 3:34
FBI - NEW YORK

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 10-17-2018.

Denise McKeever
Signature of a member or authorized representative of a member

Denise McGlaw (1/17)
Typed or printed name of signee