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06/19/2019 01:25 PM TO: 18506176383 FROM: 5815375904
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: munger@larsonall.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LB STOREY LAKE LLC

Certificate of Status	0
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19 JUN 19 PM 1:54

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JUN 19 A 3:56
CLERK OF COURT

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D SCOTT

JUN 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LB STOREY LAKE LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

CAROLINE G LARSON

Name of Person

LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Firm Company

7901 Kingspointe Pkwy Ste 17

Address

Orlando, FL 32819

City State and Zip Code

carolinelarson@larsonacc.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Caroline G Larson

407 370 3686

Name of Person

at ()

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
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2310 JUN 19 A 3:56
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LB STOREY LAKE 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 09/11/2018 and assigned
Florida document number 118000214419

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

7901 KINGSPONTE PKWY STE 17

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 KINGSPONTE PKWY STE 17

ORLANDO, FL 32819

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:

LARSON ACCOUNTING AND CONSULTING SERVICES LLC

New Registered Office Address:

7901 KINGSPONTE PKWY STE 17

Enter Florida street address

ORLANDO

City

Florida 32819

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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DATE 06/19/2019 BY 60322 UCBAW

23 JUL 19 A 3:56
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FBI - ALABAMA

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Dated June 13, 2019


Signature of a member or authorized representative of a member

Cordine G Larson
Typed or printed name of signee