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COVER LETTER

TO:	Registration Se Division of Cor		•	
CTION		DRE ESTATES LLC		
SUB.	JЕСТ:	Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	indence concerning this matter	to the following:	
		FABIANA DE BARROS		
Name of Person LEGIT CONSULTING SERVICES LLC				
		ERGIT CONSOLTING ST		
		6735 CONROY RD STE	Firm/Company	
		ORLANDO-FL 32835		
		INFO@LEGITCS.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fi	urther information e	oncerning this matter, please ca	all:	
FAB	IANA DE BARROS	S	407 2852290 at ()	
	Name o	f Person		e Telephone Number
Enclo	osed is a check for th	ne following amount:		
■ S	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 $10^{9/18/2018}$ Florida document number _1.18000222251 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LAKESHORE ESTATES HOMEOWNERS ASSOCIATION, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbregiation 6735 CONROY RD STE 233 Enter new principal offices address, if applicable: ORLANDO-FL 32835 (Principal office address MUST BE A STREET ADDRESS) 6735 CONROY RD STE 233 Enter new mailing address, if applicable: ORLANDO-FL 32835 (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 t registered agent and/or the new registered office address here: LEGIT CONSULTING SERVICES LLC Name of New Registered Agent: 6735 CONROY RD STE 233 New Registered Office Address: Enter Florida street address ORLANDO City

New Registered Agent's Signature, if changing Registered Agent:

LAKESHORE ESTATES LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person beir or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
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			Change
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(If an effe Note:	ve date, if other than the date of filing:
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.
Dated	SEPT 26TH 2019
Dated	OIV O
	Signature of a member or authorized representative of a member
	LUIZ HENRIQUE DORNELAS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00