## 119000028670

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

Office Use Only



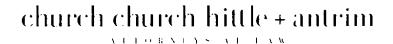
000326362840

03/18/19--01027--006 \*\*25.00

FILED

19 HAR 18 PH 6: 10

MAR 2 7 2019 S. YOUNG



March 13, 2019

Registration Section Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Representative:

Please find enclosed Articles of Amendment to the Articles of Organization of Lakeland StorMor, LLC. I have also enclosed a check in the amount of \$25.00 for the filing fee for these Articles.

If you have any questions or require additional information, please contact my office at 317-776-5826 or <a href="mailto:ligieger@cchalaw.com">ligieger@cchalaw.com</a>. I have enclosed a self-addressed, return envelope for the filing acknowledgment. In case that gets lost, please return any documents to my office at:

Church Church Hittle + Antrim Attn: Leslie M. Gieger PO Box 10 Noblesville, IN 46061

Yours truly,

Church Church Hittle + Antrim

Loslio M. Ginger Attornov at Law

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lakeland StorMor LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Leslie M. Griece
Church Church Httle + Anthm Firm/Company
POBOX16 Address
Moblesville, IN 46061 City/State and Zip Code
Gieger & amail. Com Binail address: (to boused for future annual report notification)
For further information concerning this matter, please call:
Leslie M. Grieger at (317) 774-5826  Name of Person at (317) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee, 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

Lakeland StorMore LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records. ted Liability Company)	)
The Articles of Organization for this Limited Liability Compa	any were filed on January 28, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	10000000000000000000000000000000000000
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8 P. 6: 10
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	l office address on our records, here:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	== ::=	
		rida Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action
MGR	Larry Horton	1909 E Ray Road #9-205 Chandler, AZ 85225	
			Change
MGR	Lawrence S. Horton II	1909 E Ray Road #9-205 Chandler, AZ 85225	<b>a</b> Add
			Change
			Remove
			Remove
			□ Change
			Add
			□ Remove
			Change
			Remove

<del></del>	
_	
	······································
<del></del>	
E. Effective	e date, if other than the date of filing:
Note: If	tive 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 605.020° the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
documen	at's effective date on the Department of State's records.
75 bb	and enceiting a delayed offective date, but not an effective time, at 12:01 a.m. on the earlier of
(b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
	, laren 13 , 2011 .
Dated _	
Dated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00