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TALLAHASSY OF STATE.

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COVER LETTER

אנע	vision of Corp			
SUBJECT:				
		Name of Limi	ited Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	all correspon	ndence concerning this matter	to the following:	
		RAHAMAN SHEIKH		
		LAKE ARCADES LLC	Name of Person	
		510 MAHOGANY DR	Firm/Company	
		SEFFNER, FL 33584	Address	
		LAKEACRADESLLC@GN		
For further i	nformation co	E-mail address: () oncerning this matter, please ca	to be used for future annual report notifi all:	cation)
RAHAMA	N SHEIKH		310 951-3145	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

LAKE ARCADES LLC			
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
Tappoposation for this Limited I	Liability Company were filed on 02/2	25/2019 a	nd assigned
lorida document number L19000054444	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company." the de	signation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and	l/or registered office address on	our records, enterothe n	ame of the
registered agent and/or the new registered o	office address here:		19
		12 H	يحة.
Name of New Registered Agent:	RAHAMAN SHEIKH	S.E.	1 2
New Registered Office Address:	510 MAHOGANY DR		0 <u>- 1</u>
	Enter Flori	da street address	ÍJ
	SEFFNER	Florida $\frac{33584}{33584}$	 ⊷
	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>	Type of Action
AMBR	RAHAMAN SHEIKH	510 MAHOGANY DR	
		SEFFNER, FL 33584	a Add
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Note: If the d	e, if other than the date is listed, the date must be late inserted in this bloc fective date on the Dep	k does not me	et the applicab	date of filing or the date of filing or the date of filing or the date of the	more than 90 day ng requirement	(optiona) s after filin s, this dat) = - g) P ursua e will no	دن ant to 60 at be lis	05.0207 (3) ted as the
the record sp) The 90th (pecifies a delayed of day after the recor	effective da d is filed.	ite, but not	an effective	time, at 12:	01 a.m	on the	e earl	ier of:
Dated JULY 3	2 m bllin		2019 Coll	-· •_/					
		ignature of a me	ember or authori	zed representativ	e of a member				