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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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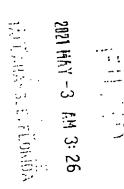


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COVER LETTER

	egistration Se ivision of Cor		1	
SUBJECT		anding RV Park, LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Douglas K Lathrom		
			Name of Person	
			Firm/Company	
		311 Sargent Avenue		
			Address	
		Oak Hill, Florida 32759		
		-	City/State and Zip Code	
		lathromslanding@gmail.com		
For further	information co	E-mail address: (oncerning this matter, please ca	to be used for future annual report not all:	fication)
Douglas K	Lathrom		386 210-4370	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is	s 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)	☐ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lathroms Landing RV Park, 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 $\frac{04/16/2019}{1}$ and assigned Florida document number $\frac{L19000104116}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lathrom's Landing RV Park & Fish Camp, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

Zip Code

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>	Address		Type of Action
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				□Remove
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Effective date, if other than the date of filing:	(option	al)	
If an effective date is listed, the date must be specific and cannot be prior to date of filing on Note: If the date inserted in this block does not meet the applicable statutory for document's effective date on the Department of State's records.			
e record specifies a delayed effective date, but not an effective time, at 12:01 a.rd is filed.	m. on the earlier of: (b)	The 90th	day after the
Dated April 22, 2021	<i>a</i>		
To loc V A	athrem		
Signature of a member or authorized representa			_ _

Typed or printed name of signee