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TO:	Registration Se Division of Cor		3	
SUBJEC		NE LAKE WALES LLC	•	
SUBJE	ψ1. <u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		TODD WALKER		
		TODD D. WALKER P.A.	Name of Person	
		PO BOX 623275	Firm/Company	
		OVIEDO, FL 32762	Address	
		TODD@TODDWALKERPA		
For furtl	ner information c	E-mail address: (concerning this matter, please ca	to be used for future annual report noti all:	fication)
TODD	WALKER		407 977-1667	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for the	he 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)
		JNG ADDRESS: ration Section	STREET/COURI Registration Section	

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHORELINE LAKE WALES LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our ited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Comp Florida document number L19000201549			_ and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designatio	n "LLC" or the abbrev	riation "L.L.C	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		20 19	
		ALLAHASSEd.	<u> </u>	THE STATE OF THE S
Enter new mailing address, if applicable:	-	<u> </u>		, 1 ;
(Mailing address MAY BE A POST OFFICE BOX)				Spiners ()
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ecords, enter the	name of	the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street	t address		
		, Florida		
	Cuy		Zip Code	
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>			

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GLENN DOWLER	15595 Hawker Lane Wellington, FL 33414	= Add
			☐ Remove
			□ Change
MGR	MARK A. HOTZLER	7920 Lakeville Blvd., Box 967 Lakeville, Minnesota 55044	■ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			☐ Remove
			☐ Change
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	iis block does no	nt meet the applica	to date of filing or mo able statutory filing	(option than 90 days after the requirements, this	nal) iling.) Pursuant to 605.0207 (date will not be listed as tl
the record specifies a dela) The 90th day after the			t an effective ti	me, at 12:01 a	m. on the earlier of:
Dated		2019	·		
ac Ine			rized representative o		
	Signature of	f a member or autho	rized representative of	of a member	

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Filing Fee: \$25.00