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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CLIDICECTE	EDGE RV LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STEVEN LIVSHIN		
	~·····································	Name of Person	
		Firm/Company	<u>. </u>
	16122 ROSECROFT TER		
		Address	
	DELRAY BEACH, FL 33-	446	
	STEVEN@FOUR9GROUF	City/State and Zip Code P.COM	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
STEVEN LIVSHIN		561 756-2200 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for t	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)
Mailing Address Registration		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	!. <i>[</i>	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WATERS EDGE RV LLC	ZTELTT IN ALTIOHOS
(Name of the Limited Liability Company as it r (A Florida Limited Liability Company)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	led on 02/18/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	mpany here:
LAKESIDE VILLAGE RV PARK, LLC	
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

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>	<u>Address</u>	Type of Action
MGR	MICHAEL CAPUTA	22355 Boyaca Avenue	≣Add
		Boca Raton, FL 33433	□Remove
			□Change
MGR	MICHAEL DEROSA	15532 Glencrest Ave	■Add
		Delray Beach, FL 33446	□ Remove
			□Change
		·	□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			Change
			□Add
			□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	must be specific s block does no	and cannot be pri of meet the appl	ior to date of filing licable statutory	or more than 90 day		
e record specifies a delayed efford is filed.	ctive date, but i	not an effective	: time, at 12:01 a	.m. on the earlier	of: (b) The 90t	h day after the
Dated July 7		2020				
Sluen di	2	 · 	 ·			
Haron Mi	whin			ative of a member		

Filing Fee: \$25.00