L2000 154 339

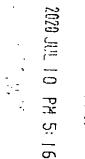
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400347727944

07/10/26--01011--001 **25.00



AUG 21 2020 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	OLD THE LADO	PER, LLC	
30000CT.		nited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	DAVID	Name of Person	
	HOLD TH	E CADER, LLC Firm/Company	
	4613 N. Uni	VC/Sity D1, VC/ Sc	ite 265
	CORAL SPIN	City/State and Zip Code Cles 11 CO 9 Mail (to be used for future annual report noti	-
	holdthe lade E-mail address:	der II Co gmail. (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c		,
		at (954) 603-1	515
Name o		Area Code Daytim	e 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addras	c·	Female Address	

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

		1000
	y Company as it now appears o Limited Liability Company)	. , , , , , , , ,
The Articles of Organization for this Limited Liability Co Florida document number <u>L2000/15433</u>	ompany were filed on 06	and assigned
This amendment is submitted to amend the following:		σ
A. If amending name, enter the new name of the limit	ed liability company here	:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	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 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 **Title** <u>Name</u> <u>Address</u> Type of Action 11878 WINDMILL CAKE DIVERDE MGR LHHOLDINGS LLC (There was a TYPO ON ORIGINAL RILING) Boyton Beach, FLA DREMOVE _____ □ Change __ ... □ Add Remove _____ Remove _____ Change ____ □ Add _____ □Remove

Change

Page 2 of 3

-	
-	
-	
_	
-	
-	
_	
_	
_	
_	
-	
-	
-	
_	
_	
Note:	ve date, if other than the date of filing:
the rec) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	6/25/2020
	Signature of a member or authorized representative of a member
	DAVID LEVY
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00