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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

 Address.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 474 LAKE SHORE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

474 LAKE SHORE, 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 08/28/2020 and assigned Florida document number _______ 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 Liability Company," 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Registered Agents, Inc. Name of New Registered Agent: 7901 4th Street N Suite #300 New Registered Office Address: Enter Florida street address , Florida 33702 Zip Code St. Petersburg City

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>	Address	Type of Action
AMBR	SAMRA ANSARI	11213 GRANDER DRIVE	
		WINDERMERE, FL 34786	■Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			5.0

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Note: If the date in:	ther than the date of filing:
e record specifies a c d is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
9/10 Dated	2020
<u> </u>	Signature of a member or authorized representative of a member
Rila	ey Park
	Typed or printed name of signee

Filing Fee: \$25.00