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To:	Division of Cor Fax Number	porations : (850)617-6383	25.4%
From:	Account Number Phone	: REGISTERED AGENTS INC. : I20090000081 : (307)200-2803 : (855)330-1010	
Enter the e annual Email A	report mailings.	this business entity to be used for futur Enter only one email address please.	re '

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF 123 Rt 12 PH 2015

	100000		
474 Lake Shore, LLC (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited Liability Company lorida document number $\frac{1.20000269265}{1.20000269265}$			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:	7901 4TH Street N		
Principal office address MUST BE A STREET ADDRESS)	S 300		
	St. Petersburg, FL 33702		
nter new mailing address, if applicable:	PO Box 3422		
Agiling address MAY BE A POST OFFICE BOX)	Windermere		
	F1, 34786-3422		
. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new regis		
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Saira Wasim	PO Box 3422	□Add
		Windermere, Fl. 34786-3422	□Remove
			■ Change
			DAdd
			Remove
			🗀 Change
			
			□Remove
			□Change
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Note: If	e date, if other than the date of filing:	ptional) ifter filing.) Pu this date wil	rsuant to 605,0207 (3 not be listed as th
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of I.	: (b) The 90	oth day after the
Dated _	11/11 2020		
	Signature of a member or authorized representative of a member		<u> </u>
	Samra Ansari		

Filing Fee: \$25.00