L20 000280904

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

Office Use Only



400354583284

11/09/20--01023--024 **25.00

R. WHITE

COVER LETTER

TO:

Registration Section

Division of Cor	porations		<u>.</u>
	rty Management, LLC	ţ	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Leslie A. Flake		
		Name of Person	
		Firm/Company	
	4042 Lazy Hollow Lane N		
		Address	
	Jacksonville, FL 32257		
		City/State and Zip Code	
	Irkmaintenance@outlook.co		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please co	all:	
Leslie A. Flake		904 476-2610 at ()	
Name o	f Person	Area Code Daytime	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 Addres		Street Address:	nt:
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LRK Property Management, LLC		1,00
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	• .
The Articles of Organization for this Limited Liability Company Florida document number L20000280904	were filed on <u>09/09/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
LRK Property Maintenance, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4042 Lazy Hollow Lane N	
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32257	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	4042 Lazy Hollow Lane N Jacksonville, FL 32257	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new regist
Name of few Registered Figure.		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	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 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>	Name	Address	Type of Action
			□ Add
			□Remove
			Change
			
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

_	
_	
	
ective	date, if other than the date of filing: (optional)
<u>te:</u> If t	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.
cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	
	Signature of a member or authorized representative of a member
	Leslie Amanda Flake
	Typed or printed name of signee