

K20 000324316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

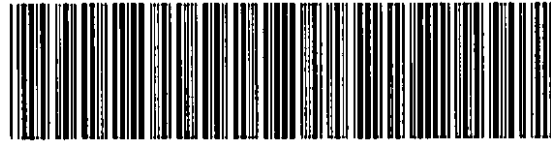
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100354043171

10/28/20--01015--011 \*\*25.00

FILED  
2020 DEC 21 PM 12:39  
CLERK OF SUPERIOR COURT  
JULY 10, 2018

O SIMMONS

JAN 08 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2020

WALTER BATES  
4209 LAKE KOTSA DR  
LAKE WALES, FL 33898

SUBJECT: LAKE ESTATES STORAGE LLC  
Ref. Number: L20000324316

We have received your document for LAKE ESTATES STORAGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

PLEASE CHECK BOX TO INDICATE IF YOU ARE ADDING, REMOVING OR CHANGEING MEMBER LISTED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 220A00024403

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LAKE ESTATES STORAGE LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WALTER BATES

\_\_\_\_\_  
Name of Person

LAKE ESTATES STORAGE LLC

\_\_\_\_\_  
Firm/Company

4209 LAKE KOTSA DR

\_\_\_\_\_  
Address

LAKE WALES FL 33898

\_\_\_\_\_  
City/State and Zip Code

RAYTIFFANY1@AOL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAY BATES

954 347-2082  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

FILED

LAKE ESTATES STORAGE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2020 DEC 21 PM 12:39

STATE OF FLORIDA  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/13/2020 and assigned  
Florida document number L20000324316.

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)**

4209 LAKE KOTSA DR

LAKE WALES

FLA 33898

**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:**

Name of New Registered Agent:

WALTER BATES

New Registered Office Address:

4209 LAKE KOTSA DR

Enter Florida street address

LAKE WALES

City

Florida 33898

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 amended, 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

FILED

2020 DEC 21 PM 12:39

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRESIDE	WALTER BATES	4209 LAKE KOTSA DR LAKE WALES FL 33898	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WALTER BATES	4209 Lake Kotsa Dr Lake Wales FL 33898	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I forgot to put the Authorized person

(Walter Ray Bates )

2020 DEC 21 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FL

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

10-26-20



Signature of a member or authorized representative of a member

Walter R Bates

Typed or printed name of signer