Note: Rease print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000258011 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AVENTUS LAW GROUP PLLC

Account Number : I20230000152

: (321)250-3577

Fax Number

: (321)250-3985

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

- Email	Addr
٠.	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LAKE ALFRED PLACE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

LEMIEUX

Hefp-1 2024

Electronic Filing Menu Corporate Filing Menu

07/31/2024 7:21 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lake	ALFRED PLACE LLC
	ed Llability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number <u>L 2000 0 3</u>	iability Company were filed on 12/01/2070 and assigned 46451.
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
	1311
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE of the second secon	egistered office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	1095 W. Mork Blvd Svite 208
	Winter Park Florida 32720 =
New Registered Agent's Signature, if changing R	City Zip Coden To Coden
provisions of all statutes relative to the prope accept the obligations of my position as regis	d agent and agree to act in this capacity. I further agree in comply with the er and complete performance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

07/31/2024 7:21 PM

Page: 5 of 5

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	Name	Address	Type of Action
			🗆 🗅 Add
			[]Remove
			DChange
			□Add
			TRemove
			□Change
			D∧dd
			ORemove
			T.Change
			©Add
			DRemove
			DChange
			FiAdd
			©Remove
			IJChange
			□∧dd
			UChange

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

Signature of a member or authorized representative of a member

Gerrard L. Grant
Typed or printed name of signee