## LZO 000391836

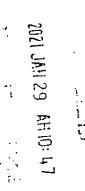
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## **COVER LETTER**

	Registratio Division of	n Section Corporations	4				
SUBJEC	Tr.	MAR CROSSING, LLC					
SOBJEC	Name of Limited Liability Company						
The enclo	sed Article	s of Amendment and fee(s) are	e submitted for filing.				
Please ret	urn all corn	respondence concerning this m	atter to the following:				
		Linda Nottestad, CP I	FRP				
			Name of Person				
		Tripp Scott, PA					
			Firm/Company				
		110 SE 6th Street, Suite 1500					
		Address					
		Fort Lauderdale, Florida 33301					
		City/State and Zip Code					
		LJN@trippscott.com					
		E-mail addr	ess: (to be used for future annual report notification)				
For furthe	r informati	on concerning this matter, plea	ase call:				
Linda No	ottestad		772 202-4748 at ( )				
	Nai	me of Person	Area Code Daytime Telephone Number				
Enclosed	is a check f	for the following amount:					
□ \$25.0	0 Filing Fe	ee S30.00 Filing Fee & Certificate of Statu					
_	Mailing Ad	dress: on Section	Street Address: Registration Section				
	_	of Corporations	Division of Corporations				
I	P.O. Box	6327	The Centre of Tallahassee				
-	<b>Fallahass</b> e	ee, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAGO MAR CROSSING, LLC

2021 JAN 29 AH 10: 47

(Name of the Limited (A	ability Company as it now appears on our records.) orida Limited Liability Company)	 \$3
The Articles of Organization for this Limited Liab	ty Company were filed on December 15, 2020	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of th	limited liability company here:	
LAGO MAR CROSSINGS, LLC		
The new name must be distinguishable and contain the word	'Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	N/A	
Principal office address MUST BE A STREET A	ODRESS)	
Enter new mailing address, if applicable:	N/A	
Muiling address MAY BE A POST OFFICE BO	2	
B. If amending the registered agent and/or regingent and/or the new registered office address h		e name of the new regist
Name of New Registered Agent:	/A	
New Registered Office Address:		<u></u> .
	Enter Florida street address	
	, Flori	
	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				
Title	<u>Name</u>	Address	2021 JAN 29 AM 10: 47	Type of Action
				🗆 Add
				□Remove
				□Change
				🗆 Add
				🗀 Remove
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	2021 JAN 29 AN 10: 47
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ective date, if other than the	date of filing: (optional)
n effective date is listed, the date mus	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as a
ounter portocity cauce on the 121	spartment of state a records.
ecora specifies a delayed effectiv is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	2021
ted	··
- 1 2	Signature of a member or authorized representative of a member
Linda Nottestad	
	Typed or printed name of signee

.

Filing Fee: \$25.00