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

Registration Section

Division of Corporations

TO:

| own or | LAKE AND ORANGE COUNTY REAL ESTATE LLC | | | | |
|--|--|--|---|--|--|
| SUBJECT: | | Name of Lim | ited Liability Company | | |
| The enclosed | l Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | ali correspo | ndence concerning this matter | to the following: | | |
| | | AMY CRUZ | | | |
| | | | Name of Person | | |
| | | LAKE AND ORANGE CO | OUNTY REAL ESTATE LLC | | |
| | | | Firm/Company | | |
| | | 1547 STERNS DR. | | | |
| | | Address | | | |
| | | LEESBURG, FL 34748 | | | |
| | | | City/State and Zip Code | | |
| | | E-mail address: (| to be used for future annual report not | ification) | |
| For further i | nformation c | oncerning this matter, please ca | all: | | |
| AMY CRU | Z | | | | |
| | Name o | f Person | at () Area Code Daytin | ne Telephone Number | |
| Enclosed is | a check for th | ne following amount: | | | |
| ■ \$25.00 1 | 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

LAKE AND ORANGE COUNTY REAL ESTATE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/15/2020 _____ and assigned Florida document number L20000391859 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) 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: AMY CRUZ Name of New Registered Agent: 1547 STERNS DR. New Registered Office Address: Enter Florida street address LEESBURG

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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------------|------------------|
| MGR | AMY CRUZ | 1547 STERNS DR. | |
| | | LEESBURG, FL 34748 | □Remove |
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| amending any other information, | , enter change(s) here: (Attach additional sheets, if necessary.) |
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| ffective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Depar | te of filing: |
| record specifies a delayed effective da 1 is filed. | nte, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| DECEMBER 23RD | , 2020 |
| | |
| Sign | nature of a member or authorized representative of a member |
| AMY CRUZ | |
| | Typed or printed name of signee |

Filing Fee: \$25.00