

L210000434826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

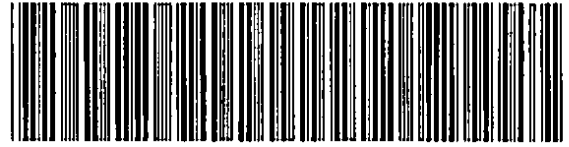
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SECRETARY OF STATE
TREASURY

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LAKE CROSSING PLAZA 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:

AHMED HAMADA

Name of Person

LAKE CROSSING PLAZA LLC

Firm/Company

13780 International Drive South

Address

Orlando, FL 32821

City/State and Zip Code

ahmed.hamada@untiedshares.com

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

For further information concerning this matter, please call:

AHMED HAMADA

407 552-5191

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**

LAKE CROSSING PLAZA 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 October 4th 2021 and assigned
Florida document number L21000434826.

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GIAA Investments LLC	1782 SW 132ND WAY	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33325	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAFAA Investments LLC	445 Board Hollow Rd	<input checked="" type="checkbox"/> Add
		Melville, NY 11747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rushi Patel	5830 Oxford Moor Blvd	<input checked="" type="checkbox"/> Add
		Windermere, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shelly Agarwal	2507 Montclair Circle	<input checked="" type="checkbox"/> Add
		Weston, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Altius Management LLC	13780 International Drive South	<input checked="" type="checkbox"/> Add
		Orlando, FL 32821	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dhruv Patel	5014 Hartwell Court	<input checked="" type="checkbox"/> Add
		Sanit Cloud, FL 34771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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 10-12-2021

Signature of a member or authorized representative of a member

AHMED HAMADA.
Typed or printed name of signee

Filing Fee: \$25.00