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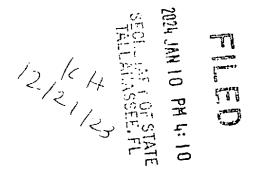
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COVER LETTER

TO: Registration Section **Division of Corporations**

CREST SUBJECT:	LAKE HOLDINGS LLC						
SOBOLCT.	Name of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are submitted for filing.						
Please return all corre	espondence concerning this matter to the following:						
	Name of Person						
MAXINE M GRANSTAN LIVING REVOCABLE TRUST							
Firm/Company							
	122 E. MAIN STREET, #302						
	Address						
	LAKELAND, FL 33801						
	City/State and Zip Code						
	maxine@clhprops.com	2021 SE					
	E-mail address: (to be used for future annual report notification)						
For further information	on concerning this matter, please call:						
Maxine M. Granstan	240 286-3170 at ()) PP					
Nar	ne of Person Area Code Daytime Telephone Number	2024 JAN 10 PH 4: 11 SECKLIARY OF STATE TALLED ASSISTED					
Enclosed is a check f	or the following amount:	•					
□ \$25.00 Filing Fe	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &					

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

CREST LAKE HOLDINGS, 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 APRIL 23, 2023 and assigned Florida document number 1.21000521016 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 "LLC." 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 regis agent and/or the new registered office address here: MAXINE M GRANSTAN LIVING REVOCABLE TRUST Name of New Registered Agent: 122 E. MAIN STREET, #302 New Registered Office Address: Enter Florida street address

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.

LAKELAND

My Must Living Newocahle Trust
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
Trustee	Mixine M Granstail	122 Elliain Street, #302	
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