## L2200017600

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| PICK-UP WAIT MAIL                       |  |
| (Business Entity Name)                  |  |
| (Document Number)                       |  |
| Certified Copies Certificates of Status |  |
| Special Instructions to Filing Officer: |  |
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2023 MAY -8 AM 9: 52 SECRETARY OF STATE TALL AHASSEL FLORIO/

A. RIVERS

JUL - 9 2023

## **COVER LETTER**

TO: Registration Section

| Div                 | ision of Cor              | porations   |   |  |
|---------------------|---------------------------|---|---|--|
|                     | South Lake                | Storehouse, LLC   |   |  |
| SUBJECT:            |                           | Name of Lim   | ited Liability Company  |  |
| The enclosed        | l Articles of .           | Amendment and fee(s) are sub  | mitted for filing.  |  |
|                     |                           |   | -   |  |
| riease return       | i an correspo             | ndence concerning this matter   | to the following.   |  |
|                     |                           | Phillip McGrew  |   |  |
|                     |                           |   | Name of Person  |  |
|                     |                           | South Lake Storehouse, LI   | LC  |  |
|                     |                           |   | Name of Person  se, LLC  Firm/Company  coop  Address  City/State and Zip Code ok.com ress: (to be used for future annual report notification) ase call:  at (407 8324903 Area Code Daytime Telephone Number |  |
|                     |                           | Name of Person  South Lake Storehouse, LLC  Firm/Company  1928 Southern Oak Loop  Address  Minneola FL 34715  City/State and Zip Code phillipmcgrew@outlook.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  at (407 8324903 at (407 Daytime Telephone Number  or the following amount:  or the following amount:  e \$\equiv \text{\$\text{\$\text{\$\text{90.00}\$ Filing Fee & }\$\text{\$\text |   |  |
|                     |                           |   |   |  |
|                     |                           | Minneola FL 34715   |   |  |
|                     |                           |   | City/State and Zip Code   |  |
|                     |                           |   |   | atification)                           |
| For further is      | nformation c              |   | -   | ounceasing                             |
| Phillip McG         | irew                      |   | 407 8324903   |  |
|                     | Name o                    | f Person  | at ()<br>Area Code Dayt   | ime Telephone Number                   |
|                     |                           |   |   |  |
| Enclosed is a       | a check for th            | ne following amount:  |   |  |
| □ <b>\$</b> 25.00 I | Filing Fee                | ■ \$30.00 Filing Fee & Certificate of Status  | Certified Copy  | Certificate of Status & Certified Copy |
| Re                  | illing Addres             | Section   | Registration S  |  |
|                     | vision of C<br>D. Box 632 | Corporations<br>7   | Division of C<br>The Centre of  |  |
|                     | llahassee, l              |   |   | roe Street, Suite 810                  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| South Lake Storehouse, LLC   |   |  |
|--|---|--|
| (Name of the Limited Liability Com<br>(A Florida Limite                | npany as it now appears on our records.)<br>ed Liability Company) |  |
| The Articles of Organization for this Limited Liability Compa          | ny were filed on 1.10.2022  | and assigned   |
| Florida document number L22000017600                                   |   |  |
| This amendment is submitted to amend the following:                    |   |  |
| A. If amending name, enter the new name of the limited li              | ability company here:   |  |
| South Lake Retro, LLC  |   |  |
| The new name must be distinguishable and contain the words "Limited Li | ability 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:                              |   | <del></del>  |
| (Mailing address MAY BE A POST OFFICE BOX)                             |   |  |
|  |   |  |
|  |   | 15 3 T   |
| B. If amending the registered agent and/or registered office           | ce address on our records, <u>enter the n</u> a                   | ime of the new registered  |
| agent and/or the new registered office address here:                   |   | PS - 8   |
|  |   | Sign of the sign o |
| Name of New Registered Agent:  |   | THE E  |
| New Registered Office Address:   |   | 9: 5   |
| New Registered Office Address.   | Enter Florida street address                                      | र्वा र   |
|  | , Florida   |  |
|  | 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 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 |
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| effective date, if other than th   | rust be specific and cannot be pr                                 | olicable statutory filing re-         | (optional) than 90 days after filing.) Pursual quirements, this date will not | nt to 605.0207<br>be listed as |
| Note: If the date inserted in this   | Department of State's recor                                       | ras.                                  |   |                                |
| Note: If the date inserted in this lead to the lead to | Department of State's recor                                       |                                       | he earlier of: (b) The 90th d   | ay after the                   |
| Note: If the date inserted in this ladocument's effective date on the later countries are cord specifies a delayed effected is filed.  | Department of State's reconive date, but not an effective         | e time, at 12:01 a.m. on th           | he earlier of; (b) The 90th d   | ay after the                   |
| Note: If the date inserted in this ladocument's effective date on the series record specifies a delayed effect d is filed.   | Department of State's reconsive date, but not an effective        | e time, at 12:01 a.m. on th           | he earlier of: (b) The 90th d   | ay after the                   |
| Note: If the date inserted in this ladocument's effective date on the record specifies a delayed effected is filed.  Dated May 3   | Department of State's reconsive date, but not an effective , 2023 | e time, at 12:01 a.m. on th           |   | ay after the                   |

Filing Fee: \$25.00