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7/26/22, 8:30 PM

Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PADULA BENNARDO LEVINE, LLP

Account Number : I20160000061 Phone : (561)544-8900 Fax Number : (561)544-8999

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: cb@pbl-law.com

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## **COVER LETTER**

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CHD IECT.			Name of Limited Liability Company and fee(s) are submitted for filing. erning this matter to the following:		
SUBJECT	<del></del>	Name of Lim	ited Liability Compa	ny	<del></del>
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	indence concerning this matter	to the following:		
		CRISTOFER BENNARD	О		
			Name of Pers	on	
		PADULA BENNARDO L	LEVINE, LLP		
		· ·	Firm/Compa	ny	
		3837 NW BOCA RATON	BLVD., SUITE 20	00	
			Address		
		BOCA RATON, FL 3343	1		
			City/State and Zip	Code	
		CB@PBL-LAW.COM	to be used for future	annual report noti	Daytime Telephone Number    S60.00 Filing Fee.     Certificate of Status & Certified Copy (additional copy is enclosed)
For further	information c				
CRISTOFI	ER BENNAR	DO	561	544-8900	
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Enclosed is	a check for th	ne following amount:			
<b>≡</b> \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Co	ору	Certificate of Status & Certified Copy
	ailing Addres				ction
		Name of Limited Liability Company  ticles of Amendment and fee(s) are submitted for filing  correspondence concerning this matter to the following:  CRISTOFER BENNARDO  Name of Person  PADULA BENNARDO LEVINE, LLP  Firm/Company  3837 NW BOCA RATON BLVD., SUJTE 200  Address  BOCA RATON, FL 33431  City/State and Zip Code  CB@PBL-LAW.COM  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  ENNARDO  Name of Person  Area Code  Daytime Telephone Number  ceck for the following amount:  ug Fee  S30.00 Filing Fee & Certified Copy  (additional copy is enclosed)  Certified copy (additional copy is enclosed)			

Tallahassee, FL 32303

07/26/2022 05:39 PM

TO:18506176383 FROM:5615448999

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lake Ave Federal, LLC		
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number	were filed on January 21, 2022	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	<del> </del>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nar	2022 SEC
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	FILED 27 PM ARY OF ASSEE, F
	. Florida	EST -
	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.

07/26/2022 05:39 PM

TO:18506176383 FROM:5615448999

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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>	Name	Address	Type of Action
MGR	PHILLIP MCFILLIN	900 E. ATLANTIC AVE., SUITE 5	
		DELRAY BEACH, FL 33483	■Remove
			□ Change
			🗀 Add
			Remove
			□Change
	<del></del>		□Add
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lote: If	date, if other than ive date is listed, the date the date inserted in thi t's effective date on th	s block does ne	ot meet the app	licable statutory :	or more than 90 day iling requirement	(optional) s after filing.) Pursuan is, this date will not	it to 605.0207 be listed as
record s d is filed	pecifies a delayed effe	ctive date, but	not an effective	e time, at 12:01 a	m. on the earlier	of: (b) The 90th d	ay after the
ated	5/19	<u>.</u>	202	1.			
	-	1/2					
		Signature o	of a member or au	ithorized represent	tive of a member		