

L22000108184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

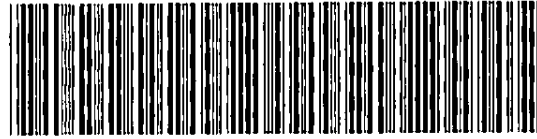
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600409738976

FILED
2023 JUN -2 PM 1:13
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED
2023 JUN -2 AM 8:45
TALLAHASSEE, FLORIDA

FLORIDA.CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 1202100000160 : \$30.00

Authorization Signature

Lake Shadroe Resort and Marina LLL L22000108184

BUSINESS

DOC#

 Certified Copy of Articles

 X **Certificate of Status**

NEW FILINGS

 Profit Corp
 Not for Profit
 Officer/Director
 Limited Liability
 Domestication
 Other
 CORP
 LLLP

AMENDMENTS

 X Amendment
 Resignation of R.A. or member
 Dissolution
 Change of Registered Agent
 Revocation of Dissolution
 Merger
 Conversion
 Amended and restated Articles
 Statement of Authority

OTHER FILINGS

 Trademark
 Annual Report
 Fictitious Name
 APOSTILLE
 Country

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement
 Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE SHADROE RESORT AND MARINA 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:

Robert Ryan Knight

Name of Person

Firm/Company

4637 Vincennes Boulevard, Unit #5

Address

Cape Coral, FL 33914

City/State and Zip Code

Rob@whitestonedevelopmentsllc.com

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

For further information concerning this matter, please call:

Robert Ryan Knight

239

850-8821

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RK

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LAKE SHADROE RESORT AND MARINA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2023 JUN -2 PM 1:13

The Articles of Organization for this Limited Liability Company were filed on 01 - June - 2023 and assigned

Florida document number L 22000108184

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

4637 Vincennes Boulevard

Unit #5

Cape Coral, FL 33914

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4637 Vincennes Boulevard

Unit #5

Cape Coral, FL 33914

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:

Robert Ryan Knight

New Registered Office Address:

4637 Vincennes Boulevard, Unit #5

Enter Florida street address

Cape Coral

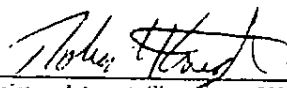
Florida 33914

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

RK

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>
MGR	Robert Ryan Knight	4637 Vincennes Boulevard	<input type="checkbox"/> Add
		Unit #5	<input type="checkbox"/> Remove
		Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

PKL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

2023-06-01 2 PM 1:13
STATE
FILE

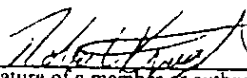
FILED

E. Effective date, if other than the date of filing: _____ (optional)

(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 01 - June 2023


Signature of a member or authorized representative of a member

Robert Ryan Knight, Manager

Typed or printed name of signee