

L22000108184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

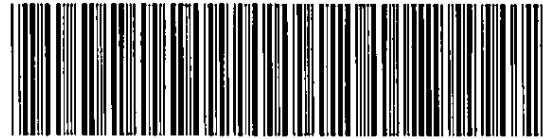
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JUN - 7 2023

Office Use Only



600409899436

2023 JUN - 6 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

49

2023 JUN - 6 PM 3:53  
RECEIVED  
SECRETARY OF STATE  
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: I20210000160: \$25.00

Authorization Signature:  :

**LAKE SHADROE RESORT AND MARINA LLC**      **L22000108184**

BUSINESS NAME      DOCUMENT #

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other
- ☐ CORP
- ☐ LLLP

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name
- ☐ APOSTILLE
- ☐ Country

**EXAMINER'S INITIALS:** \_\_\_\_\_

**AMMENDMENTS**

**X Amendment**

- ☐ Resignation of R.A. Officer/Director
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ Articles of Conversion
- ☐ Amended and restated Articles
- ☐ Statement of Authority

**REGISTRATION/QUALIFICATIONS**

- ☐ Foreign filing
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Other

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

**Please use funds from this account: I20210000160: \$25.00**

Authorization Signature:  :

**LAKE SHADROE RESORT AND MARINA LLC      L22000108184**

BUSINESS NAME DOCUMENT #

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other
- ☐ CORP
- ☐ LLLP

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name
- ☐ APOSTILLE
- ☐ Country

**EXAMINER'S INITIALS: \_\_\_\_\_**

**AMMENDMENTS**

- ☒ **Amendment**
- ☐ Resignation of R.A. Officer/Director
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ Articles of Conversion
- ☐ Amended and restated Articles
- ☐ Statement of Authority

**REGISTRATION/QUALIFICATIONS**

- ☐ Foreign filing
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Other

## 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  
Name of Person      at (      )      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 -6 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 06 - 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**

*OK*

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

*PK*

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

N/A

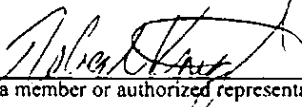
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 06 - June, 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Robert Ryan Knight, Manager

\_\_\_\_\_  
Typed or printed name of signee

RK