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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	ne)
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2022 JUN - 7 AM IO: 40
SECRETATE AHASSEE, ET

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
SUBJECT:	Lakes Unli			
SUBJECT		Name of Lin	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Rufino Paulino		
			Name of Person	
		Lakes Unlimited, LLC		
			Firm/Company	
		17341 nw 62nd place		
			Address	
		Hialeah, Fl 33015		
			City/State and Zip Code	
		E-mail address: t	to be used for future annual report no	titication)
For further in	nformation c	oncerning this matter, please c	·	
Rufino Pauli	no		786 520-1212	
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
S S25,00 F	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)
	iling Addres		Street Address: Registration Se	ection
Registration Section Division of Corporations		Registration Section Division of Corporations		
). Box 632		The Centre of	
ا (۱) ا	lahassee, I	rt 32314	2415 N. Monre	be Street, Suite 810

Tallahassee, FL 32303

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Lakes Unlimited, LLC

2022 JUN - 7 AM 10: 40

(Name of the Limited I (A l	Liability Company as it now appears on our Florida Limited Liability Company)	TALL ANA GERMAN
The Articles of Organization for this Limited Liabi		
The Articles of Organization for this Emitted Liabi	inty Company were filed on	and assigned
Florida document number L22000180439	·	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u> _	
D. Historia Parallel at the control of the control	. 1 22- 11	
B. If amending the registered agent and/or registered agent and/or the new_registered office address h		enter the name of the new registere
		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		474
-	City	, Florida = Zip Code
New Registered Agent's Signature, if changing Regi	·	,
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a		
accept the obligations of my position as register		
being filed to merely reflect a change in the regi	istered office address, I hereby confi	
company has been notified in writing of this cha	inge,	

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>	Type of Action
MGR	Julissa Paulino	17341 nw 62n pl	■Add
		Hialeah, Fl 33015	□Remove
			□Change
MGR	Johanna Paulino	17341 nw 62n pl	■Add
		Hialeah, Fl 33015	□Remove
			□Change
MGR	Melissa Paulino	17341 nw 62nd pl	
		Hialeah, Fl 33015	□Remove
			□Change
MGR	Mario Wynns	17341 nw 62nd pl	€ Add
		Hialeah, Fl 33015	□Remove
		-	□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

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Signature of a member or authorized representative of a member	ded June 2 . 2022.				
	(V_1_				