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## **COVER LETTER**

	istration Section ision of Corporations				
SUBJECT:	LAKESHORE AUCTI	ON HMITEO	LABILITY C	OMPANY	
Some Ci.	Name of Lin	nited Liability Company		•	
The enclosed	Articles of Amendment and fee(s) are sub	mitted for filing.		7	
Please return	all correspondence concerning this matter	to the following:		27262	
	DANNY	FELIX  Name of Person  Firm/Company		202020	
		Name of Person		1	
	LAKESHOP	= AUCTION		] ;":19: 20	
		Firm/Company			
		ockey ROAC			
	LAKE WO	City/State and Zip Co	A 33449		
	101.4-	City/State and Zip Co	de		
		to be used for future ann		<del></del>	
For further in	formation concerning this matter, please of	•	an report nonneation)		
Danny	or Lashay Felix	70g	504-4856 Daytime Telephone		
	Name of Person	Area Code	Daytime Telephone	Number	
Enclosed is a	check for the following amount:				
□ \$25.00 F	iling Fee & S30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is	enclosed) C	50,00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)	
	ling Address:		Address:		
_	gistration Section rision of Corporations	<del>-</del>	Registration Section Division of Corporations		
P.O	). Box 6327	The (	Centre of Tallahasse	e	
Tall	lahassee, FL 32314	2415	N. Monroe Street, S	Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKESHORE AUC	TION LIM	ITED L	ABILITY	OMPANY	
LAKESHORE AUC (Name of the Limited)	<u>Liability Company as</u> Florida Limited Liabil	it now appears of ity Company)	n our records.		
The Articles of Organization for this Limited Liab		e filed on	05/31/202	and assigned	
This amendment is submitted to amend the follows	ing:			0.00	
A. If amending name, <u>enter the new name of th</u>	·			7. 2. 2. 3.	
The new name must be distinguishable and contain the word	ls "Limited Liability Co			$\Box$	_
Enter new principal offices address, if applicable of the control	-	7817. West	South D Palm M	ixie Hwy Lach FL 3	<u>-</u> 40
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		10039 Fak	Pockey e Worth	Road 1 FL 3344	<u> </u>
B. If amending the registered agent and/or registered affice address i		ess on our rec	ords, <u>enter the n</u>	ame of the new regis	tered
Name of New Registered Agent:			<u> </u>		
New Registered Office Address:	7817 S	Enter Florida	twy street address	73405 Zip Code	_
	West P	alm Bi	aCh Florida	33405	
•		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

no prient

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	LASHAY FELIX	Lake worth FL 33449	□Add
		make work in the south	Remove
			□Change
			□Add
		<del></del>	□Remove
			□ Change
			DAdd
			☐Add  ☐Remove
			☐Change
			□Remove
			□ Change
			□Add
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			□ Change
			□Add
			□ Remove
			□Change

NEW 1	BUSINESS	ADDRESS;	7817 Soul	H DIVIE H	NY
			WEST PAL	M BEACH	FL 33405
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	Marlina	Addiess	3: 10039 Lake	Jockey 6 Worth	Road PL 334
					2022 000
<del></del>			· · ·		0
					7 7 22 20
ective date is liste If the date inse	ed, the date must be spec	ific and cannot be prices not meet the appli	or to date of filing or mor cable statutory filing s.	e than 90 days after fil	ai) ing.) Pursuant to 605
ed.			time, at 12:01 a.m. or		
Decem	iber 15	<u>, 202</u> ;	horized representative o		
		<b>~</b>			