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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

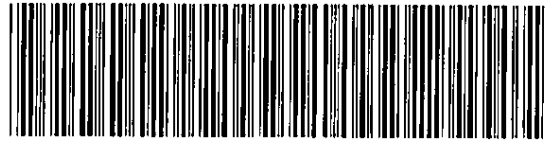
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECURITY
FBI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LS Land Group, 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:

Julie Dusz
Name of Person

Firm/Company

1510 Broken Oak Dr.
Address

Winter Garden, FL 34787
City/State and Zip Code

BROKERjules@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Dusz at (407) 427-4571
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 OCT 17 PM 2:50
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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

LS Land Group, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/2/22 and assigned
Florida document number L22000253429

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Julie Dusz

New Registered Office Address:

1510 Broken Oak Dr.

Enter Florida street address

Winter Garden

City

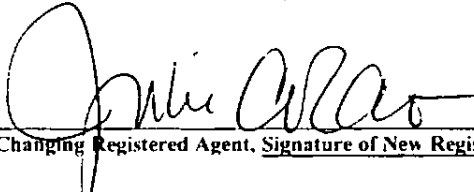
Florida

34787

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

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	Julie Dusz	1510 Broken Oak Dr.	<input type="checkbox"/> Add
		Winter Garden, FL 34787	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SHRIDHAR RAO	13639 Glynshel Dr.	<input checked="" type="checkbox"/> Add
		Winter Garden, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Crystal Light Development, Inc.	812 Homegrove Dr.	<input checked="" type="checkbox"/> Add
		Winter Garden, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shreeji 17, Inc.	3702 Peace Pipe Way	<input checked="" type="checkbox"/> Add
		Clermont, FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated 10/10/23

Janine Rao
Signature of a member or authorized representative of a member

Julie A. RAO
Typed or printed name of signee