L2200403970

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2022 NOV 21 AM 8: 34 SECRETARY OF STATE TALLAHASSEF, FI

2022 NOV 21 AM II:

at 11/20/2022

CORPORATE When ACCESS, _____

When you need ACCESS to the world

. INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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	CERTIFIED COPY				
XX	РНОТОСОРУ				
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XX	FILING	LLC A	AMEND		
1.	LSF II TALLAHASSE (CORPORATE NAME AND DOCU	E, LLC			
2.	(CORPORATE NAME AND DOCU	JMENT #)			
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•	(CORPORATE NAME AND DOCU	JMENT #)		7.4.	
SPECI <i>A</i> INSTRU	AL JCTIONS:				

COVER LETTER

TO: Registration Se Division of Cor	ction porations		
	LLAHASSEE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fec(s) are sub	-	
Please return all correspo	indence concerning this matter	to the following:	
	Erin M. Gray, Esquire		60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
		Name of Person	
	Zimmerman, Kiser & Sutc	liffe, P.A.	
		Firm/Company	
	315 E. Robinson Street, St	nite 600	
		Address	
	Orlando, FL 32801		
		City/State and Zip Code	
	corporate@zkslawfirm.com		
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please of	all:	
Emily Bautista, Corpora	te Paralegal	407 425-7010 at ()	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified Copy	
Mailing Address Registration S	Section	Street Address: Registration Section	
Division of C		Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 HOV 21 AM 8: 34

LSF II TALLAHASSEE, LLC

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

SECRETARY OF STATE TALLAHASSEE. FL

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

Title	<u>Name</u>	Address	Type of Action
A REP	Adam Mikkelson	824 Highland Avenue	
·		Orlando, FL 32803	_
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			🗀 Add
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fective date, if other the effective date is listed, the ote: If the date inserted in cument's effective date of	date must be specif in this block does	fic and cannot be prion not meet the application.	r to date of filing or cable statutory fili	more than 90 days at	otional) fler filing.) Pursuant to this date will not be	605.0207 listed as
ecord specifies a delayed is filed.	effective date, bu	ut not an effective t	ime, at 12:01 a.m	, on the earlier of:	(b) The 90th day	after the
November 18		2022	<u> </u>			
\mathcal{A}	l -	24				
						_
	Signature	of a member or auth	orizea representativ	e of a member		

Filing Fee: \$25.00