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· 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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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC		ND ESTATES MHC, LLC		
SUBJEC		Name of Lin	nited Liability Company	·
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rea	turn all correspo	ondence concerning this matter	to the following:	
		D. Scott Baker		
			Name of Person	 -
		Zimmerman Kiser Sutcliff	e, P.A.	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		315 E. Robinson Street, St	uite 600	
			Address	
		Orlando, FL 32801		
			City/State and Zip Code	
		corporate@zkslawfirm.con E-mail address: (to be used for future annual report no	ntification)
For furthe	er information c	oncerning this matter, please c	-	
Emily Ba	autista, Corporal	te Paralegal	407 425-7010	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	
	Registration S Division of C		Registration Solution of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKELAND ESTATES MHC, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recorded ted Liability Company)	5.)
The Articles of Organization for this Limited Liability Comp.	any were filed on 11/04/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
		FILE 2002 DEC 27
nter new mailing address, if applicable:	 	
Mailing address MAY BE A POST OFFICE BOX)		
		(a) (b)
 If amending the registered agent and/or registered offi- gent and/or the new registered office address here: 	ce address on our records, <u>enter (</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	Flo	rida
	Cin	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 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	GMF GROUP FUND I. LLC	315 E. ROBINSON ST STE 600	□Add
		ORLANDO, FL 32801	≣Remove
			□Change
MGR	GMF GROUP FUND II HOLDINGS, LLC	315 E. ROBINSON ST STE 600	= Add
		ORLANDO, FL 32801	□ Remove
			□Change
			□Add
			□Remove
			□ Change
			🗀 Add
			Remove
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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	specific and cannot be does not meet the ap	oplicable statuto	ing or more than 90 c ry filing requireme	_ (optional) lays after filing.) Purents, this date will	suant to 605.0207 (not be listed as th
e record specifies a delayed effective da rd is filed.	te, but not an effecti	ve time, at 12:0	I a.m. on the earli	er of: (b) The 90i	h day after the
Dated	. 2022	·			
Gabriel C. Mon	fried rature of a member or:	authorized repres	entative of a member	 	
Gabriel Monfried		•			

Filing Fee: \$25.00