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(Requestor's Name)	
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(Business Entity Name)	
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## **COVER LETTER**

	Registration Se Division of Cor			
eup iec		Under The Sun Enterprises, LL	С	
SUBJEC	. I. :	Name of Lim	ited Liability Company	<del></del>
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Kimberly Driskell		
			Name of Person	
			Firm/Company	
		351 W Washington St		
			Address	
		Keamey, MO 64060		
		kdriskall@paradiumdiract.c	City/State and Zip Code	
		= -		t notification)
For furth	er information o	concerning this matter, please c	·	
Kimberly	y Driskell			31
	Name o	of Person	Area Code Di	tytime Telephone Number
Enclosed	l is a check for t	he following amount:		
<b>≡</b> \$25.	00 Filing Fee	S30.00 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 Addre			
	Registration Division of C			
	P.O. Box 632		Name of Person	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Murray Hill Under The Sun Enterprises, LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	Company were filed on 11/16/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
Lakeshore Under The Sun Enterprises, LLC	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	RESS)
	2022
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ARY 9
[[[]]]   []   []   []   []   []   []	We T
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida

## 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>	Address	Type of Action
			□Add
			□ Remove
			Change
			DAdd
			Remove
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ective date, if other than the effective date is listed, the date mu	date of filing	<u>;</u> ;			(optional)	
neffective date is listed, the date mute: If the date inserted in this b	st be specific and lock does not m	cannot be prior t neet the applica	o date of filing or : ble statutory fili	nore than 90 day ng requiremen	s after filing.) Put ts, this date will	suant to 605.02 not be listed
cument's effective date on the E			•			
cord specifies a delayed effective stiled.	e date, but not	an effective tir	ne, at 12:01 a.m	on the earlier	of: (b) The 90	th day after th
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Filing Fee: \$25.00