## L23000104599

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	





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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
SUBJECT: 4627	Acom Drive N	Latteland LL	<u>C</u>
·	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	_	
	DONALD	R HUBBARO Name of Person	·
	4627 1	ECRU Drive N. L.	akeland, LLC
		Firm/Company	•
	4042 0	heverly Drive	NE.
		•	
	Lakeland	Florida 338 City/State and Zip Code	//3
	90 hole 1 E-mail address:	Wa hoo. Con to be used for future annual report not	(itication)
For further information c	oncerning this matter, please ca		
DONALD	HUBBARD	at (S63) 60°	4-5-42
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$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 Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632	-	Division of Co The Centre of	•
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4627 ACORN Drive	W. Lakeland LLC
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000 10 4 5 19</u> .	were filed on February 27 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
4727 Acord Drive N. L	akeland LLC
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	<u> </u>
Enter new mailing address, if applicable:	4042 Chevrly VI. E?
Mailing address MAY BE A POST OFFICE BOX)	4042 Cheverly Dr. E. R. hakaland Fl R.
	33813
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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
			□ Add
		□Remove	
			Change
		□ Add	
		□Remove	
			Change
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	<del></del>	□Remove	
		<del> </del>	□Change
		□Add	
			□Remove
			[]Change

II AIIICH	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
4	
<del></del>	
(If an effect Note: If	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a confective date on the Department of State's records.
e record s rd is filed	
Dated	November 16, 2023  Authorized representative of a member
	Signature of a facimber or authorized representative of a member    DONALD R. Hubbard   Typed or printed name of signee