L23000430442

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
| |
| J. HORNE |
| OCT 2 6 2023 |
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COVER LETTER

| то: | | • |
|---|---|---|
| SUBJE | T. Lake Properties Land Trust LLC | |
| | Name of Limited Liability Company | |
| | | |
| The end | sed Articles of Amendment and fee(s) are submitted for filing. | |
| SUBJECT: Lake Properties hand Trust had 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: Bery M. Stokes | | |
| | Beryl M. Stokes | |
| Division of Corporations SUBJECT: Lake Properties Land Trust Lac 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: Bery M. Stokes Name of Person Sand Holders Name of Person Sand Holders Leesburg Firm/Company 1035 W. Address Leesburg Griffstate and Zip Code Stokes Place CPA Firm/Company 1035 W. Address Leesburg Griffstate and Zip Code Stokes Place CPA Firm/Company 1035 W. Address Leesburg Griffstate and Zip Code Stokes Place CPA Firm/Company 1035 W. Address Leesburg Griffstate and Zip Code Stokes Place CPA Firm/Company 1035 W. Address Leesburg Griffstate and Zip Code Stokes Place CPA Firm/Company 1035 W. Address Leesburg Griffstate and Zip Code Stokes Place CPA Firm/Company 1035 W. Address Leesburg Griffstate and Zip Code Stokes Place CPA Firm/Company 1035 W. Address Leesburg Griffstate and Zip Code Stokes Place CPA Firm/Company 1035 W. Address Area Code Daysine Telephone Number Lenclosed is a check for the following amount: Stokes Total Status & Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations | | |
| | | |
| | | |
| | Division of Corporations SUBJECT: Lake Popelies Land Trust 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: Sery N. Stokes | |
| For further Section 1 | Address | |
| | Leesburg FL 34748 | |
| | Stoke Cpc Q Swail. 10.11 E-mail address: (to be used for fitture annual report notification) | |
| For furt | | |
| \supset | | |
| D | MI M. STOKES III a1 (352), 678-60.78 | |
| | Name of Person Area Code Daytime Telephone Number | |
| Enclose | is a check for the following amount: | |
| □ \$25 | 0 Filing Fee \$\sum \sigma \sig | |
| | Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy | |
| | | |
| | | |
| | | |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lake Properties Land Trost Luco

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

(A Florida Limited Liability Company)

| <i>'</i> | Tronda Billitea Blacking Company) | |
|---|---|--|
| The Articles of Organization for this Limited Liab | oility Company were filed on 81 | 8 2023 and assigned |
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of the | he limited liability company here: | |
| The new name must be distinguishable and contain the work | ds "Limited Liability Company," the designal | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | ole: | *** |
| amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BO | <u> </u> | |
| | | |
| B. If amending the registered agent and/or reg agent and/or the new registered office address | istered office address on our record <u>here</u> : | s, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida stra | ret 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 |
|--------------|-------------------|--|----------------|
| mm BR | William K. Stokes | 856 Lakemont Dr. C | Add |
| | | 856 Lakemont Dr. Apt Louisville, TN 37777 | □Remove |
| | | | Change |
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| Effective date, if other than the date of filing: (optional) If an effective 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 (Nate; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated Dated Signature of a member of authorized representative of a member | _ | |
|---|----------------------------|---|
| Effective date, if other than the date of filing: | | |
| Effective date, if other than the date of filing: | | |
| Effective date, if other than the date of filing: | _ | |
| Effective date, if other than the date of filing: | - | |
| Effective date, if other than the date of filing: | _ | |
| Effective date, if other than the date of filing: | _ | |
| Effective date, if other than the date of filing: | _ | |
| Effective date, if other than the date of filing: | | |
| Effective date, if other than the date of filing: | _ | |
| Effective date, if other than the date of filing: (optional) | _ | |
| Effective date, if other than the date of filing: (optional) | _ | |
| Effective date, if other than the date of filing: If an effective 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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the red is filed. Dated To 10 | _ | |
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| | e record rd is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| | Dated _ | 10/10 . 2023. |
| | | - Belle |
| Bery M. Stokes III | | Signature of a number of appropriate consequentation of a mamber |

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Filing Fee: \$25.00