

Office Use Only



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COVER LETTER

Tallahassee, FL 32314

TO: Registration Sect Division of Corpo		
SUBJECT: LAKE	WOOD RAN	Ch FLOORS LLC ed Liability Company
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.
Please return all correspond	dence concerning this matter to	o the following:
	CLEBER	Name of Person
		Firm/Company
	3521 HILL	HOP CIA
•		City/State and Zip Code RANCHFLOORS OGMAIL · COM be used for future annual report notification)
For further information cor	E-mail address: (to neerning this matter, please ca	
CLEBER Name of 1	LiMA Person	at (941) 807 2361 Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:	
₩\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKEWOOD (Name of the Elmite	AAHCh ed Liability Compan (A Florida Limited Li	y as it now appea ability Company)	AS on our reco	LLC ords.)		<u> </u>	
The Articles of Organization for this Limited Li Florida document number <u>L D H O O O 3</u>	ability Company v				<u>//</u> and	l assigi	ned
This amendment is submitted to amend the follo	owing:						
A. If amending name, enter the new name of	the limited liabil	lity company h	iere:				
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the	designation "L	LC" or the ab	breviatio	n "L.L.(c."
Enter new principal offices address, if applic	able:						
(Principal office address MUST BE A STREE	T ADDRESS)				· . ·	~_	
			 .		17.	<u> </u>	-
				<u></u>	· į	SE S	7
Enter new mailing address, if applicable:				<u></u>		<u>.</u>	
(Mailing address MAY BE A POST OFFICE	BOX)			<i>S</i>)	0	M
				Ĺŗ	ر د ا	<u> </u>	
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office a	ddress on our	records, <u>ent</u>	ter the nam		را د د new ا	registered
agent and/or the new registered office addres	ss nere:						
Name of New Registered Agent:	CLEBO	ER	LIMIA				
New Registered Office Address:	3521	HILL+O Emer FI	orida street odo	i R			
	BRAHD	enton		Florida	34°	21	<u>L</u>
New Registered Agent's Signature if changing I	Registered Agents	City			ZIP C	vac	

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 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

<u>Title</u>	Name	Address	Type of Action
MANAGER	CLEBER LIMA	3521 HILLTOP CIQ BRADENTON FL 34211	Æ ∕Add
			□ Remove
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lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
lland <u>Note</u>	ctive date, if other than the date of filing:
ie rec ord is	ord 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 filed.
Date	09/06 2024
	Signature of a member or authorized representative of a member
	CLEBER LIMA Typed or printed name of signee

Filing Fee: \$25.00