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Division of Corporations

Fax Number : (859)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : I20000000083

Phone : (305)932-6252 Fax Number : (305)933-9393

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

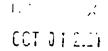
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAKE MARY CORNERS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000 3281063

LAKE MARY CORNERS LLC		
(Name of the Limited Lia) (A Fig.	hility Company as it now appears on ounds Limited Liability Company)	tr records.)
The Articles of Organization for this Limited Liability	y Company were filed on _08/15/	2024 and assigned
Florida document number L24000352647	<u></u>	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the words	*Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, it applicable: (Mailing address MAYBE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office as		PECONE NAME OF STA
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et 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 Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3

(FAX)

09/26/2024 15:05

P.003/004 H Q 4 000 32/61063

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = N $AMBR = A$	lanager authorized Member	,	
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			□ Add
		•	☐ Remove
			Aċċ
			П Remove
			□ Remove
		<u></u>	☐ Remove
			Add
			□ Remove

ctive date, if other than the date of effective date must be specific, cannot be pricate this document is filed by the Florida De	or to date of receipt or filed date and ca	(optional)
September 26	2024	

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