## 124000412508

(Requestor's Name)
(Address)
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(OK)-CECC-1-PT NOTE II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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ALAHASSEE, FLORIDA

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Lakegi	ce inal LLC					
ловичет, <u>растоя</u>		nited Liability Company				
The enclosed Articles of A	amendment and fee(s) are sub-	omitted for filing.				
Please return all correspon	dence concerning this matter	to the following:				
	S <sub>c</sub>	andon Ofolline				
		andon UCollins Name of Person				
	Lah	egire 11121 LC Firm/Company				
	ini	anegire circle				
	Boa	Rotton FL, 334 City/State and Zip Code	98			
		eralive com to be used for future annual report not				
For further information co	ncerning this matter, please c					
Brandon	Collins	ar(561) 441	5-6488 ne Telephone Number			
Name or i	CISOII	Area Code Dayin	ne Telephone Number			
Enclosed is a check for the						
□ \$25.00 Filing Fee	¥ \$30.00 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 Address: Registration Sc	ection	<u>Street Address:</u> Registration Sc				
Division of Co P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
Tallahassee, Fl			pe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lakegire III21	ilc		
(Name of the Limited Liabili (A Florid	ty Company as it now appears on our recor a Limited Liability Company)	<u>rds.</u> )	
The Articles of Organization for this Limited Liability C Florida document number <u>L24000413558</u>	Tompany were filed on $\frac{9173}{}$	124	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lin	ited Liability Company," the designation "LL	.C" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADDI	RESS)		024
		<u> </u>	
			5
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		0 1	
		HZ ADA	0
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>ente</u>	r the name of t	he new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	'88'	
		lorida	
	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

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
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