## 124000425089

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## **COVER LETTER**

**Division of Corporations** 422 LAKESIDE PARTNERS LLC SUBJECT: 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: Merrick Reid Name of Person Firm/Company 2719 Hollywood Blvd #165 Address Hollywood, FL 33020 City/State and Zip Code merrick@mavrickteam.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Merrick Reid Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

**Mailing Address:** 

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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**

422 LAKESIDE PARTNERS LLC

FILED 2024 OCT 25 AM 8: 16

(Name of the Limited Liability Compa	ny as it now appears on our records.)
(A Florida Limited I	were filed on October 1st TALLAHASSEE. FLORIDA and assigned
The Articles of Organization for this Limited Liability Company	October 1st October 1st
The Afficies of Organization for this Elimited Elability Company	were fried on and assigned
Florida document number <u>L24000425089</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil"	lin Company "the decimation "I I C" or the abbandation "I I C"
the new name must be distinguishable and contain the words. Enimed Elabit	ny Company, the designation   L.C. of the abbreviation   L.E.C.
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
-	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registo
gent and/or the new registered office address here:	
Name of New Registered Agent:	
Tame of few roganeted right.	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	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
AMBR	Jahazyel Reid	2719 Holldwood Blvd #165	<b>∃</b> Add
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E. Effective date, if other than t	he date of filin	g:		(	optional)		
(If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not r	neet the applica	able statutory fil				
f the record specifies a delayed effectecord is filed.	tive date, but not	t an effective ti	me, at 12:01 a.n	i, on the earlier o	of: (b) The 90	th day after t	he
October 15th		2024					
	/	`	<u> </u>				
	Signature of		rized representati				

Typed or printed name of signee