## L65599

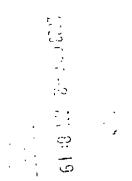
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## **COVER LÉTTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: Lazy Flamingo 2, lo	nc	
DOCUMENT NUM	1.65500		
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
	Kathie Thompson		
		Name of Contact Persor	1
	Lazy Flamingo Plaza, Inc		
		Firm/ Company	
	9160 Paseo de Valencia		
		Address	
	Fort Myers, Florida 33908		
		City/ State and Zip Code	2
	lazyusa@aol.com		
		ed for future annual report	notification)
For further informati	on concerning this matter, pleas		851-9184
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address		Address
	mendment Section	Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## **Articles of Amendment**

	to Articles of Incorporation	en e
	of	-
Lazy Flamingo 2, Inc		7020 -
	(Name of Corporation as currently filed with the Florida I	Dept. of State) ?
L65599		; · -
	(Document Number of Corporation (if known)	

(Document Number of Coursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florida Statutes	· •	
arsuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> is Articles of Incorporation:	· •	
s Articles of Incorporation:	orida Profit Corporation adopts the following amendme	
. If amending name, enter the new name of the corporation:		
//A	The new	
ome must be distinguishable and contain the word "corporation," "con Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.," rofessional corporation name must contain the word	
. Enter new principal office address, if applicable:	9160 Paseo de Valencia	
Principal office address MUST BE A STREET ADDRESS )	Fort Myers, Florida 33908	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9160 Paseo de Valencia	
	Fort Myers, Florida 33908	
<ul> <li>If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:</li> </ul>	s in Fiorida, enter the name of the	
N/A Name of New Registered Agent		
(Florida street	address)	
New Registered Office Address:	, Florida	
	ity) (Zip Code)	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	т	Kathleen W. Thompson	9160 Paseo de Valencia
X Add			Fort Myers, Flordia 33908
Remove			
2) Change			
Add			
Remove Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
N/A	
	······································
	<del></del>

•	August 24, 2023	
The date of each amendment(s) adoption	n:	, if other than th
date this document was signed.		
September	1, 2023	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date ent of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficien	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
, ,	by the shareholders through voting groups. The following statement poting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	: amendment(s) was/were sufficient for approval	
by Larry C. Thompson	••	
·//	(voting group)	
08/24/2023 Dated		
	prosident or other officer – if directors or officers have not been	
	n incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
l.arry	C. Thompson	
	(Typed or printed name of person signing)	
Presid	lent	
	(Title of person signing)	