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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694~8107 Fax Number : (561)214-8442

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

mail	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RESIA DESIGN SERVICES, LLC

Certificate of Status	()
Certified Copy	()
Page Count	05
Estimated Charge	\$25.00

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State. Resia Design Services, LLC
Enter new principal office address, if applicable:
(Principal office address  MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address  (Mailing address  (Mailing address)
MAY BE A POST OFFICE BOX)
2 The Florida document number of this limited liability company is: M23000006899
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 05/26/2023
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: Lakeside Design Services, LLC (must contain "Limited Liability Company," "L L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company." "L.L.C." or "LLC.")
6 If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent.
New Registered Office Address:
Enter Florida Street Address
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 hability company has been notified in writing of this change.

8. If the amend	ment changes person, title or capac	city in accordance with 605.0902 (1 Xe), indicate th	at change.
Title/ Capacity	<u>Name</u>	Address	Type of Action
SARCH_	Adebisi Oyedeji	12895 SW 132ND ST.	<b>X</b> JAdd
		MIAMI, FL 33186	□Remove
			□Add
			□Remove
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Add
			□Remove
		<del>-</del>	□Add
aforemention	a certificate, if required no more to ned amendment(s), duly authentic under the law of which this entity	ated by the official having custody of records in the	□Remove
•	/s/ Caitlin Lazarus		
	Signa	iture of the authorized representative	
	Signa	iture of the authorized representative	

Filing Fee: \$25.00



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "RESIA DESIGN SERVICES,
LLC", CHANGING ITS NAME FROM "RESIA DESIGN SERVICES, LLC" TO
"LAKESIDE DESIGN SERVICES, LLC", FILED IN THIS OFFICE ON THE
SIXTEENTH DAY OF FEBRUARY, A.D. 2024, AT 2:43 O'CLOCK P.M.



Authentication: 202831968

Date: 02-16-24

State of Delaware Secretary of State Division of Corporations Delivered 02:43 PM 02/16/2024 FILED 02:43 PM 02/16/2024 SR 20240545136 - Flle Number 7478182

## STATE OF DELAWARE **CERTIFICATE OF AMENDMENT**

Nar	ne of Limite	d Liability Compa	Resia D	esign Servi	ces, LL	С
	Certificate	of Formation of th	e limited liab	ility company	is herel	by amen
Th	ne name of	the Limited Liabi	lity Compan	y is:		
La	keside Des	sign Services, LL	С			
IN V		VHEREOF, the u	-		this Cert	lificate o
			-			
		VHEREOF, the u	ebruary		_, A.D	
			-		_, A.D	
			ebruary		_, A.D	2024
			ebruary By: /s/ Ca	aitlin Lazaru	s Person	2024. (s)