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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: Lake Sumter Centr	ral Office, Inc
DOCUMENT NUMBER: N 15 0000 286)	·
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Rhunda M. L (Name of Contact P	foornstra
Cake Sumter Central Off	ia, Inc
(Firm/ Compan	у)
2113 Citrus Blvd Ste A	+
(Address)	
Lesburg Fl. 345 (City/State and Zip	148
(City/ State and Zip	Code)
AAlakesumter@ama	il.com
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please call:	
Rhmda Hownstra at (Name of Contact Person)	352-360-0960 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida	Department of State:
t	
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee Certificate of Status Certified Copy	& S52.50 Filing Fee Certificate of Status
(Additional copy	
enclosed)	(Additional Copy is
	Enclosed)
	reet Address
	mendment Section
	ivision of Corporations he Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

LAKE-SUMTER CENTRAL OFFICE INC.

2022 FEB 14 AM 10: 08

(Name of Corporation as currently filed with the Flo	orida Dept. of State) απηρών η	Y OF STATE
			ASSEE, FL
(Document	Number of Corporat		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida	a Not For Profit Corporation adopts th	e following
A. If amending name, enter the new name of the co	rporation:		
			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "inco	orporated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD			· · •
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	X)		
,			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter the name of the	
Name of New Registered Agent:			
, , , , , , , , , , , , , , , , , , , ,			
		(Florida street address)	
New Registered Office Address:			
		, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regi	istered Agent:		
I hereby accept the appointment as registered agent.		d accept the obligations of the position.	
	Signature of Ne	w Registered Agent, if changing	

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 X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	Vice Chair	Rhonda Hournstra	35043 Raintree Dr. Fruitland PK Fl. 34731
Remove 2) Change Add	Vice Chair	Gerald Neish	35433 Crescent Dr. Fruitland PK Fl. 34731
Remove Change Add Remove	Pastchair	Andy Dubois	22011 Breezy Oak Dr. Howey in the Hills F1.34737
4) Change Add	Director	Andrea Asperly	Po Box 1331 Lady Late Fl. 32158
Remove 5) Change Add	Secretory	Heather Joiner	883 E. State Rd 44 Wildwood H. 34785
Remove 6) Change Add			
	dding additional Art sheets, if necessary).	icles, enter change(s) here: (Be specific)	

				
				
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				<u></u>
				
			<u> </u>	·
The date of each amendment(s) addate this document was signed.	loption:			, if other than the
Effective date if applicable:	2/8/22			
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the ap	plicable statutory filing	t file date) g requirements, this date w	ill not be listed as the

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated $2-8-22$
Signature Amda Hornstia
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
PHONDA M. HUUTASTTA (Typed or printed name of person signing)
Vice (hairperson
(Title of person signing)