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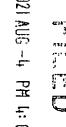
(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LAKE AND PRES	SERVE MANAGEMENT I	NC.
DOCUMENT NUM	ABER: P19000047489		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	CLEMENT M FOLEY		
		Name of Contact Person	1
		Firm/ Company	
	1837 SW GLENCO STREET	ı.	
		Address	
	PORT ST. LUCIE, FL 34953	City/ State and Zip Cod	
For further informat	ion concerning this matter, pleas		
Nam	e 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	☐I\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	nendment Section (vision of Corporations O. Box 6327 Allahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LAKE AND PRESERVE MANAGEMENT INC.

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

FILED

(Name of Corporation as currer	tly filed with the Florida De	ept. officially -4 PM 4: 02
(Document Number	of Corporation (if known)	TALLAHASSEE, FL
Pursuant to the provisions of section 607.1006, Florida Statutes, thi ts Articles of Incorporation:	s Florida Profit Corporation	adopts the following amendment(s
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co", "chartered," "professional association," or the abbreviation "P,A	A professional corporation	l" or the abbreviation "Corp.," name must contain the word
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
2. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
		
 If amending the registered agent and/or registered office address new registered agent and/or the new registered office address 	lress in Florida, enter the m	ame of the
	<u>s:</u>	
Name of New Registered Agent		
(Florida si	reet address)	
New Registered Office Address:		Florida
	(Ciny)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agen	••	
hereby accept the appointment as registered agent. I am familiar	<u>:-</u> with and accept the obligatio	ns of the position.
		•
Signature of New F	Registered Agent, if changing	
heck if applicable		

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> <u>John</u>	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>P</u>	CLEMENT M FOLEY	1837 SW GLENCO STREET
Add			PORT ST. LUCIE, FL 34953
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets.	if necessary).	(Be specific)	ge(s) here:			
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an amendment provide	's for an excha	nge, reclassifie:	ition, or cancell	ation of issue	d shares,	
rovisions for implemen (if not applicable, ina	ting the ament licate N/A)	инент и пот сог	atamed in the a	menament its	<u>elf:</u>	
						
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date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
must be separately provided for e	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):
"The number of votes cast fe	r the amendment(s) was/were sufficient for approval
by	
	(voting group)
AUG 3, 2021 Dated	1 Jolen
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of the hands of a receiver, trustee, or other court of the hands of a receiver.
C	LEMENT M FOLEY
_	(Typed or printed name of person signing)
P	RESIDENT
	(Title of person signing)