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## **COVER LETTER**

SUBJECT:	EAST LAK	E POINT PROFESSIONAL (	CENTER, L.L.C.			
SUBJECT:		Name of Lim	nited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	ı all correspo	ndence concerning this matter	to the following:			
		Emil G. Pratesi, Esquire				
			Name of Person		•	
	Richards, Gilkey, Fite, Slaughter, Pratesi & Ward, P.A.					
Firm/Company				•		
1253 Park Street						
			Address		•	
		Clearwater, Florida 33756				
			City/State and Zip Code		174 I 351 90	
		jennifer.fmdevelop@gmail.				÷n
For further in	nformation co	E-mail address: ( oncerning this matter, please ca	to be used for future annual report notifall:	ication)	AUG 29 I	FILED
Emil G. Prat			727 443-3281		FRIDE W	0
	Name of	f Person	Area Code Daytime	Telephone Number	OS TO S	
Enclosed is a	a check for th	e following amount:				•
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAST POINT PROFESSIONAL CENTER, L.L.		
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{L03000028802}{L03000028802}$	npany were filed on August 5, 2003	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
EAST LAKE POINT PROFESSIONAL CENTER, L.L.C.		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES		
Enter new mailing address, if applicable:		12 SE 56
Mailing address MAY BE A POST OFFICE BOX)		至
		188 P
		# T
B. If amending the registered agent and/or registere		ter the name of the
registered agent and/or the new registered office address	s here:	3- 09 ATE ORIUM
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Florida	Zin Code
	City	Zin Codo

## 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
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			Change
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Tective date, if other than effective date is listed, the ote: If the date inserted in ocument's effective date of	date must be specific this block does no	and cannot be price of meet the appli	r to date of filing cable statutory	g or more than 90 d filing requireme	avs after filing.) F	tursuant to 605,0207 (1 Ill not be listed as th
record specifies a d The 90th day after t	elayed effective ne record is file	e date, but no d.	ot an effect	ive time, at 1	2:01 a.m. or	the earlier of:
ted August 22		2016	-:/.	,		
		/ ///	11/1/10	/		

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