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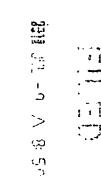
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Special Instructions to Fi	ling Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corpora				
SUBJECT: East	Lake Mass. Name of Limi	a gr. LLC ted Liability Company	<del></del>	
The enclosed Articles of Ame	endment and fee(s) are subr	nitted for filing.		
Please return all corresponde	nce concerning this matter t	to the following:		
	Kati	Reschauf Name of Person		
	4151 WOO	Firm/Company Harels PKWy		
_	Palm F	Address  Harbor, FL 34 (c) City/State and Zip Code  La SALa Komassag to be used for future annual report notific	eSmail com	
For further information cone			V	
Misse R	eardon	ai 727, 463-	OSS5 Telephone Number	
Enclosed is a check for the f	ollowing amount:			
	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING Registratio		STREET/COURIE Registration Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

East Lake (Name of the Limited Li (AF	iability Company as it how appears on our records.) Torida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L05000066</u>	lity Company were filed on $7/1/2005$ and assigned $8/0$ .
This amendment is submitted to amend the followir	սճ:
A. If amending name, enter the new name of the The Elm Massace The new name must be distinguishable and contain the words	gl + Bodywork, LLC  Turnited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	•
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	, Florida
New Registered Agent's Signature, if changing Reg	gistered 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>	Name .	Address	Type of Action
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			□ Remove
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Note: If the	date, if other than be date is listed, the date ne date inserted in this is effective date on the	s block does not n	neet the applicable	ate of filing or more th statutory filing req	(option) an 90 days after fil airements, this da	al) ing.) Pursuant to 605. ate will not be liste
	d specifies a dela th day after the i			n effective time	at 12:01 a.r	n. on the earlie
Dated	215F.) h	1 X 4	2018 R			
		/_\;/_	member or authorize	<del>,</del>		

Page 3 of 3

Filing Fee: \$25.00