

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

L0600072311
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000211802 3)))



H160002118023A8CV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : THERREL BAISDEN, P.A.
 Account Number : I20140000065
 Phone : (305) 371-5758
 Fax Number : (305) 371-3178

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

Email Address: mhasner@therrelbaisden.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 EASTSIDE EQUITIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

2016 AUG 25 PM 3:34

TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

16 AUG 25 PM 9:49

FILED

H160002118023

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EASTSIDE EQUITIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/06/2006 and assigned
Florida document number L06000072311.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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

Florida

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 liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

H16000211 8023

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Zachary Joseph Biggins	13411 Fox Croft Lane	<input type="checkbox"/> Add
		Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joshua Ethan Biggins	13411 Fox Croft Lane	<input type="checkbox"/> Add
		Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	Joseph Biggins	13411 Fox Croft Lane	<input type="checkbox"/> Add
		Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
AUG 25 PM 9:49
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

HI 600021 8023

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
AUG 25 PM 9 49
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
6

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated August 25, 2016

Signature of a member or authorized representative of a member

Mark M. Hasner

Typed or printed name of signee