(Requestor's Name)				
(Address)	-			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of S	Status			
Special Instructions to Filing Officer:				

G. MCLEOD

JUN 11 2008

**EXAMINER** 



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## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:	EAST Lake (Name of Limit	E POL SERVI ed Liability Company)	Œ		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspondence concerning this matter to the following:					
	JENN	(Name of Person)	-		
		(Firm/Company)			
	431	7 Ridgeman	De N		
	Pa	7 Ridgeman. (Address)  In Haba Fe (City/State and Zip Code)	34685		
For further information concerning this matter, please call:					
JEWNT (Name)	FR Miler	at (771) 271-25 (Area Code & Daytime To	17 elephone Number)		
<b>V</b>	•	` ·	•		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	\$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		

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

(additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Or - 73					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
(A Florida Limited Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on April 21, 2008 and assigned Florida document number <u>LO 8000039782</u> .					
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 end with 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:					
1 Ca MILL					
Name of New Registered Agent: JENNIFER MILLER					
New Registered Office Address: 4317 Ridgeman Dr. N (Enter Florida street address)					
(Enler Florida street address)					
Dalm Haber, Florida 24685					
(City) (Zip Code)					
New Registered Agent's Signature, if changing Registered Agent:					
The state of the s					

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 608, 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.

Page 1 of 2

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
anner	JENNIFER MINEK	4317 Ridgemose DR N Palm Harbor FE 34685	Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
_			<del>-</del>
  Dated	6/4/08		_
Dated	Signature of a member	or authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00