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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:	1		
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G. MCLEOD

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EXAMINER



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02/17/12--01008--017 **25.00



COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	East Lal	ke Groves, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		Gary A. Scott		
		Name of Person		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
39949 Skyline Drive				
		Address		
		Umatilla, FL 32784		
		City/State and Zip Code		
	E-mail address: (ary@garyascott.com to be used for future annual report notifica	ition)	
For further information	concerning this matter, please of	call:		
	Sary A. Scott	at (352) 6	69-7121	
Name	of Person	Area Code & Daytime	elephone Number	
Enclosed is a check for	the 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 (additional copy is enclosed)	

MAILING ADDRESS:

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 Lake Groves, LLC		
(<u>Name of the Limite</u> (d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited !	Liability Company were filed on	10/19/2009	and assigned
Florida document number L0900010	00617		
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end w"L.L.C."	ith the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		<u>→</u>
			75 7 T
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and	or registered office address on	our records, enter t	Some Of the new
registered agent and/or the new registered (
Name of New Registered Agent:	Gary A. Scott	 	
New Registered Office Address:	39949 Skyline Drive		
	Ei	ter Florida street add	ress
	Umatilla	, Florida	32784
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> Name **Address** ☐ Add Remove ☐ Add Remove Add 🔲 Remove ☐ Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 2 2012 Dated _____ Signature of a member or authorized representative of a member Gary A. Scott Typed or printed name of signee

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Filing Fee: \$25.00