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COVER LETTER

TO:

Registration Section

Division of Corp	porations		
	E GROVES, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	To May See See See See See See See See See Se
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
			` \$`
	George Mantzidis, Esq.		
	_	Name of Person	
	George Mantzidis, Attorne	y at Law, PLLC	
		Firm/Company	
	5150 Tamiami Trail N., St	e. 503	
		Address	
	Naples, FL 34103		
		City/State and Zip Code	
	george@gmanlaw.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information ed	oncerning this matter, please c	all:	
George Mantzidis		239 438-4609 at ()	
Name of	Person		e Telephone Number
Enclosed is a check for th	e 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 Addres		Street Address:	
Registration S		Registration Se	
Division of C	•	Division of Cor The Centre of T	
P.O. Box 632 Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- College of the Coll

EAST LAKE GROVES, LLC		3.
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/19/2009	and assigned
Florida document number L09000100617		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	la.
	, Fiork	Zin 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

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
MGR	CHERI HALL	5942 Velvet Loop	≅Add
		Lakeland, FL	□Remove
		33811	Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		 	
			□Add
			□Remove
			□Add
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			□Add
			□Remove
			Change

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an effection and	we date, if other than the date of filing:	to date of filing or more than 90 days after filing.) Pursuant to 605.020 to the statutory filing requirements, this date will not be listed as
		ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
i is med	5/14 ~ 2020	
rd is filed		orized representative of a member

Filing Fee: \$25.00