L10000011474

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		,	

Office Use Only



100173424281

03/31/10--01005--003 **25.00

NECKETARY OF STATIONS

B. KOHR

APR - 5 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co			••
SUBJECT:	East Clu	b Holdings LLC	
		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	古圣
		Diane Murray Name of Person	AR 31 0
	E	Bonita Bay Group, Inc	10 MR 31 M 8:51
	000		
	9990	O Coconut Road Ste 200 Address	
	Bo	nita Springs, FL 34135 City/State and Zip Code	
	diane F-mail address: (em@bonitabaygroup.com to be used for future annual report notifi	cation)
For further information	concerning this matter, please of		
	Diane Murray	at (239.) Area Code & Daytime	390-1257 Telephone Number
		·	·
Enclosed is a check for	_		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corport Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ea	ast Club Holdings LLC			
(<u>Name of the Limited L</u>	iability Company as it now appe lorida Limited Liability Company	ears on our records.)	2	
(torida Bilinica Biacini, Company	,	02 00	
The Articles of Organization for this Limited Liab	oility Company were filed on	February 1, 2010	and assigned	
Florida document numberL100000114	74		37 Con 19	
			Z G	
This amendment is submitted to amend the follow	ving:		A S. S.	
	·····5·			
A. If amending name, enter the new name of t	<u>he limited liability company h</u>	ere:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO				
Muning address MAT BE A FOST OFFICE BO	<u></u>			
B. If amending the registered agent and/or	registered office address on	our records enter t	he name of the new	
registered agent and/or the new registered office		our records, enter t	ue name or the new	
Name of New Registered Agent:	Brian D. Lucas C/O Bonit	a Bay Properties, li	nc.	
New Registered Office Address:	9990 Coconut Rd Ste 20	0		
Enter Florida street address				
	Bonita Springs	, Florida	34135	
	City	, 1 1011da	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 Chopper 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, 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
MGRM	Bay Harbour LP	C/O Bonita Bay Properties, Inc. 9990 Coconut Road Ste 200 Bonita Springs, FL 34135	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
			<u></u>
Dated		Dain Faxas	
	<u>-</u>	mber or authorized representative of a member Of VID WOAS yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00