# L11000119901

(Reque	stor's Name)	
(Addres	ss)	
-		
(Addres	-c1	
(Addie:	55)	
(City/St	ate/Zip/Phone	#)
PICK-UP	T WAIT	MAIL
(Busine	ess Entity Nam	ie)
(Docum	nent Number)	
Certified Copies	Certificates	of Status
Certified Copies	Certificates	or Status
,		
Special Instructions to Filir	ng Officer:	
		1
		İ
		]





000248592090

06/11/13--01032--014 \*\*25.00

2013 JUN 11 PM 12: 44

JUN 1 2 2013 T CLINE

#### COVER LETTER

TO: • Registration Section
Division of Corporations

## EAGLE LAKE REHAB & NURSING, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaı	ron	S	B	റ്റ	m
/ \( \( \)		<b>.</b>		-	

Name of Person

Firm/Company

310 10th Ave. N.

Address

Safety Harbor, FL 34695

City/State and Zip Code

aaron.bloom.gc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Aaron Bloom** 

,<sub>,,</sub>727,420-2329

Name of Person

Area Code & Daytime Telephone 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

## EAGLE LAKE REHAB & NURSING, 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 I Florida document number L1100011990	Liability Company were filed on 10	D/20/11 an	d assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	ere:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	oany," the designation "LLC" of	r the abbrevi
Enter new principal offices address, if appli	cable:	<b>&gt;</b> /~	<u> </u>
(Principal office address MUST BE A STRE		i in	22
1. mespan office www.cos Mest Be history			<del>-</del>
	<del></del>	50 % 60 %	
Data de la Parti		រក្កក< ប៉ុន្តែ	<del></del>
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE	<u> </u>	× <u>15 → 1</u> - 1, 24,	Έ.
		5 m	<u></u>
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		our records, enter the na	me of the
New Registered Office Address:	310 10th Ave. North		_
•	E	nter Florida street address	
	Safety Harbor	, Florida_34695	
	City	Zip	Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of thi.	proper and complete performanc gistered agent as provided for in C e registered office address, I heret	e of my duties, and I am fan Chapter 608, F.S. Or, if this	niliar with document

Page 1 of 3

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>	Name	Address	Type of Action
MGRM	WEST COAST COMMONWEALTH PARTNERS, LLC	310 10TH AVE N	Add
		SAFETY HARBOR, FL 34695	Remove
MRG	MORRISON FAMILY LIMITED PARTNERSHIP, LLC	524 BELLE ISLE AVE	Add
		BELLEAIR BEACH, FL 33786	Remove
MGRM	EAGLE LAKE HOLDING GROUP, LLC	24641 US HWY 19 N	🕢 Add
		CLEARWATER, FL 33763	Remove
		7 (7 mm	Add
			Add Remove
			- Add
			Remove

İfan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	6-8, 2013.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00