

L140000 07588

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 24 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAST CLEVELAND INVESTMENTS

\_\_\_\_\_  
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:

GARY WALCZAK

\_\_\_\_\_  
Name of Person

*East Cleveland Investments*

\_\_\_\_\_  
Firm/Company

436 12TH ST W SUIT B

\_\_\_\_\_  
Address

BRADENTON FL 34205

\_\_\_\_\_  
City/State and Zip Code

JOEBENNETT1979@GMAIL.COM

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

For further information concerning this matter, please call:

GARY WALCZAK

941 448-4613  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 CLEVELAND INVESTMENTS**

(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 Liability Company were filed on 01-14-2014 and assigned  
Florida document number L14000007588.

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)**

GARY WALCZAK

436 12TH ST W SUIT B

BRADENTON FL 34205

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

436 12TH ST W SUIT B

**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:**

**Name of New Registered Agent:**

GARY WALCZAK

**New Registered Office Address:**

436 12TH ST W SUIT B

Enter Florida street address

BRADENTON

City

Florida

34205

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MM	GARY WALCZAK	436 12TH ST W SUIT B	<input checked="" type="checkbox"/> Add
		BRADENTON FL 34205	<input type="checkbox"/> Remove
P	NICHOLAS PHIPPS	124007 Upper Manatee River Road	<input type="checkbox"/> Add
		BRADENTON FL 34212	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
JAN 13 11:10 AM '05

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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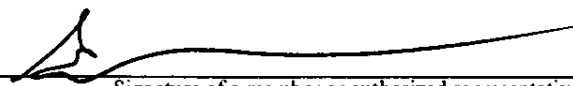
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 5, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Gary Walczak  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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