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## **COVER LETTER**

то:	Registration S Division of Co			
	Eastside A	ctive Living, LLC.		
SUBJE	СТ:			**
		Name of Lir	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Andre G. Raikhelson, Esc	}-	
			Name of Person	
		Law Offices of Andre G. I	Raikhelson, LLC.	
			Firm: Company	
		301 Yamato Road, Suite 1	240	
			Address	<del></del>
		Boca Raton, Florida 3343	1	
			City/State and Zip Code	<u> </u>
		f:-mail address: (	to be used for future annual report no	tification)
For furth	ner information o	oncerning this matter, please o	all:	
Andre (	3. Raikhelson, Es	sq	954 895-5566	
<del></del>	Name o	f Person	Area Code Daytic	nc Telephone Number
Enclosed	I is a check for th	ne following amount:		
<b>■</b> \$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 S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eastside Active Living, LLC.

(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on May 7, 2014	and assigned
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 contain the words	"Limited Liability Company." the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A		
		_
F		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:	cred office address on our records, <u>enter the name</u> re:	107
New Registered Office Address:		
_	Emer Florido street address	
	City Florida	
Pt Registered Agent's Signature is	City	
ecept the obligations of my position as registered	on and agree to act in this capacity. I further agree d complete performance of my duties, and I am fall agent as provided for in Chapter 605, F.S. Or. is even office address. I has become a face of the chapter of th	miliar with and
	If Changing Registered Agent, Signature of New Regis	stered Agens

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> COO	<u>Name</u> Ivan S. Domnin	Address	Type of Action
		1600 Taft Street, Hollywood, Florida 33020	
			<b>≘</b> Remove
MGR	Novum Vita, LLC	1600 Taft Street, Hollywood, Florida 33020	©Change
			≣Add
			□Remove
			□Change
			ÜAdd
			□Remove
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ocument's effective date on the	Department of Si	tate's records.				
record specifies a delayed effect l is filed.	ve date, but not:	का effective tim	e, at 12:01 a,m	on the earlier o	of: (b) The 90th	day after the
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	<del></del>			_		
	"Signature of a m	tember or authori	zed representativ	e of a member		
<b></b>	Signature of a m		zed representativ	e of a member	· · · · · · · · · · · · · · · · · · ·	

Filing Fee: \$25.00