13239628300 From: Amanda Sando Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000131844 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

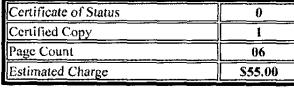
Account Number : 120010000062 : (323)962-6600 Phone Fax Number : (323)962-3869

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN L3 G2 EAST, LLC

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Corporate Filing Menu

1-164N 05 2015

J SHIVERS

COVER LETTER

	egistration Se ivision of Cor						
SUBJECT	L3 G2 EA	ST, LLC					
	•	Name of Limited Liability Company					
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retui	ra all correspo	ndence concerning this matter	to the following:				
		Cheyenne Moseley					
			Name of Person				
		Legalzoom.com, Inc.					
			Pirm/Company				
		100 W. Broadway Suite	100				
			Address	······································			
		Glendale, CA 91210					
			City/State and Zip Code				
		sgcandy@carthlink.net					
		`	to be used for future sumual report	bothesponj			
Por further	information c	oncerning this matter, please co	all;				
îmelda Va	esquez		323 962-86	00 ext 7950			
	Name of	Person		ytime Telephone Number			
Enclosed is	a check for th	e following amount:					
(3 \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	2 \$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

(Name of the Limited Linbility Compa (A Florida Limited)	ny as it now appears on our recor- iability Company)	h)
The Articles of Organization for this Limited Liability Company	were filed on 03/17/2015	and assigned
Florida document number L15000047866		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited links	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "iL	C" or the abliteviation "L,L.C."
Enter new principal offices address, if applicable:		िंद्ध अ
(Principal office address MUST BE A STREET ADDRESS)		
		The Comment
Enter new mailing address, if applicable:		CO TO
(Mailing address MAY BE A POST OFFICE BOX)		
		15 H 10
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		
	Plorida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete, accept the obligations of my position as registered agent as p	performance of my duties, a	nd I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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

Title	Name	Address	Type of Action
AMBR	Joseph Lightsey	2600 E Irlo Bronson Hwy	
		Kissimmee, FL 34744	E Remove
AMBR	Jacqueline Lightsey	2600 E Irlo Bronson Hwy	[] Add
		Kissimmee, FL 34744	☑ Remove
AMBR	Вапу Greer	2600 E Irlo Bronson Hwy	
		Kissimmee, FL 34744	⊠ Remove
			
			D Add
			[] Add
			Remove

D.	If amend	ling any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
*	(The effective	date, if other than the date of filing: ve date must be specific, cannot be prior to date of receipt or filed is document is filed by the Florida Department of State)	date and cannot be more than 90 days after
	Dated	06/01/2015	
		Cardia Son	eer
		Signature of a member or authoriz	red representative of a member
		Candice S	S. Greer
		Typed or printed r	name of signee

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Filing Fee: \$25.00

