

Division of Corporations

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LS000118826

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ARNOLD MATHENY & EAGAN, P.A.
Account Number : I20000000141
Phone : (407) 841-1550
Fax Number : (407) 841-8746

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

Email Address:

Labrams@aneol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EASTMARKS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

AUG 19 2015

S. YOUNG

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TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 18 AM 10:18

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EASTMARKS 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:

LEHN E. ABRAMS

Name of Person

Arnold, Matheny & Eagan, P.A.

Firm/Company

605 E. Robinson Street, Suite 730

Address

Orlando, FL 32801

City/State and Zip Code

cajori@aol.com

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

For further information concerning this matter, please call:

Lehn E. Abrams

at (407)

841-1550

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EASTMARKS 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 Liability Company were filed on 07/09/2015 and assigned Florida document number L15000118826.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 141091
Orlando, FL 32814

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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>
--------------	-------------	----------------	-----------------------

MGR	Lehn E. Abrams	605 E. Robinson Street Suite 730	<input type="checkbox"/> Add
-----	----------------	----------------------------------	------------------------------

		Orlando, Florida 32801 v	<input checked="" type="checkbox"/> Remove
--	--	--------------------------	--

MGR	Gwendolyn Wallenberg	P.O. Box 141091	<input checked="" type="checkbox"/> Add
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		Orlando, FL 32814	<input type="checkbox"/> Remove
--	--	-------------------	---------------------------------

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TALLAHASSEE, FLORIDA

			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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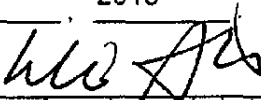
			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

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

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 August 14, 2015



Signature of a member or authorized representative of a member

Lehn E. Abrams, Attorney

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: EASTMARKS LLC
2. The Florida document/registration number assigned to this limited liability company is:
L15000118826
3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
4. I, LEHN E. ABRAMS, hereby withdraw/resign as a
(Print Name of Person Resigning)
MGR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink, appearing to read "LEHN E. ABRAMS", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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