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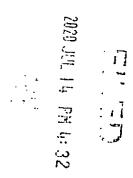


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COVER LETTER

TO:

	gistration Se vision of Cor			
enniewe.	East Ark, L	LC		
SUBJECT:	ited Liability Company	_		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returi	ı all correspo	ndence concerning this matter	to the following:	
		Heidi Freitas		
			Name of Person	
		East Ark, LLC		
			Firm/Company	
		150 John Vertente Blvd.		
			Address	_
		New Bedford, MA 02745		
			City/State and Zip Code	
		HFreitas@Lighthousemaso	-	
		E-mail address: (to be used for future annual report notification)	_
For further is	nformation c	oncerning this matter, please ca	all:	
Heidi Freita	S		508 995-0192 at ()	
_	Name o	f Person	Area Code Daytime Telephone Num	ber
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	iling Addres gistration S		Street Address:	
		orporations	Registration Section Division of Corporations	
	D. Box 632	•	The Centre of Tallahassee	
Tal	llahassee. I	FL 32314	2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	0.	·~-)
		2020
East Ark, LLC		
(Name of the Limited Liability	Company as it now appears on our records.) amited Liability Company)	
(A Florida I	amited Liability Company)	
ne Articles of Organization for this Limited Liability Co	many ware filed on 01/24/2019	and assigned
	mpany were fried on	and assigned
orida document number 1.19000020146		<u>.</u> .
nis amendment is submitted to amend the following:		2 3
. If amending name, enter the new name of the limit	ed liability company here:	
no many norma mant ha di ai-maida hi a a a a a a a a a a a a a a a a a a	11:19: 0	
ne new name must be distinguishable and contain the words "Limite	ed Liability Company, the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(223	· <u></u>
		<u></u>
		
nter new mailing address, if applicable:		<u>-</u>
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered o	office address on our records, onton the	
gent and/or the new registered office address here:	office address on our records, enter the	name of the new register
· · · · · · · · · · · · · · · · · · ·		
New SN D Co. LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	Zip Code
	5.11 ₁ 1	$\alpha y \in \partial w$

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 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>	<u>Name</u>	Address	Type of Action
			□Add
		-	□Remove
		,	□Change
			□Remove
			□Change
		-	□Add
			□Remove
			Remove
			□Change
			□ Add
			□Change
	-		
			□Remove
			□ Channe

Estational Masoni	y. Inc. (Florida Document Number F13000003224)
150 John Vertente B	Blvd.
New Bedford, MA ()2745
	
-	
	
te: If the date inserted in this i	the date of filing: (optional) Thust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is block does not meet the applicable statutory filing requirements, this date will not be listed as a Department of State's records.
and of the case date of the	
cord specifies a delayed effect	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
cord specifies a delayed effect s filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
cord specifies a delayed effect s filed.	

Filing Fee: \$25.00