

299000009160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

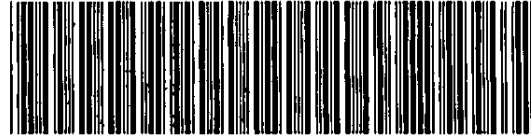
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900285545269

05/09/16--01006--012 \*\*25.00

2016 MAY -9 P 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAY 10 2016  
BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EAST LAKE 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:

MARK LEE

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

EAST LAKE LLC

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

PO BOX 39

\_\_\_\_\_  
Address

TARPON SPRINGS, FL 34688

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

KATHI@EASTLAKELLC.COM

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

For further information concerning this matter, please call:

MARK LEE

at ( 727 ) 939-2480

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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

FILED  
2016 MAY - 9 P 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

EAST LAKE 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 12/23/1999 and assigned  
Florida document number L99000009160.

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 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, Florida  
City

Enter Florida street address

FILED  
2016 MAY - 9 P 12:09  
SECRETARY OF STATE  
TALLAHASSEE, 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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MICHAEL J LOWE	10 DODECANESE BLVD	<input checked="" type="checkbox"/> Add
		TARPON SPRINGS, FL 34688	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TIMOTHY R LOWE	10 DODECANESE BLVD	<input checked="" type="checkbox"/> Add
		TARPON SPRINGS, FL 34688	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SCOTT J LOWE	10 DODECANESE BLVD	<input checked="" type="checkbox"/> Add
		TARPON SPRINGS, FL 34688	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JEFFREY M LOWE	10 DODECANESE BLVD	<input checked="" type="checkbox"/> Add
		TARPON SPRINGS, FL 34688	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
20 MAY 19 10 59  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated APRIL 28 2016

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

Typed or printed name of signee

SECRET, DE STATE  
TAMPA, FLORIDA  
MAY - 9 12:59 PM '69  
on the earlier of: