ND8000011414

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	; #)
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Our Elm

COVER LETTER *

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: East Lake Ti	igers, Inc.	
DOCUMENT N	UMBER: N08000011414	. <u> </u>	
The enclosed Arti	icles of Amendment and fee a	are submitted for filing.	
Please return all c	correspondence concerning th	is matter to the following:	·
Mic	chael Benedettini		
	(Name	of Contact Person)	
<u>Eas</u>	st Lake Tigers, Inc.		
	(Fi	rm/ Company)	
419	95 Grandchamp Circle		
		(Address)	
<u>Pa</u>	lm Harbor, FL 34685		
For further inform	City/ S nation concerning this matter,	state and Zip Code)	
Tot futurer milom	ation concerning this matter,	prouse curr.	
Michael Benedettini		at (727) 510-76	
(Name of Contact Person) (Area Code & De		(Area Code & Daytim	e Telephone Number)
Enclosed is a chec	ck for the following amount n	nade payable to the Florida De	partment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

East Lake (Name of Corporation as currently filed		<u>te</u>)
N08000 (Document Number of Co	0011414 prporation (if known)	O
Pursuant to the provisions of section 617.1006, Florida S he following amendment(s) to its Articles of Incorporation		rofit Corporation adopts
A. If amending name, enter the new name of the corp	oration:	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." m. 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRI C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nay not be used in the name.	"09 APR 24 AM 9: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA
 If amending the registered agent and/or registered new registered agent and/or the new registered off 		er the name of the
Name of New Registered Agent:		_
New Registered Office Address:	(Florida street address)	-
	(City)	_, Florida <i>(Zip Code)</i>
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. position.	ered Agent:	nt the obligations of the

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>		Address	Type of Action
			Add Remove	
				Add Remove
				_ ~
(attach a Article X Said orga scientific the makir	ndditional sheets, if Purpose Inization is orga Purposes under Ing of distribution	r Section 501(c)(3)	or charitable, religiou of the Code, includir that qualify as exem	us, educational, and ng, for such purposes, pt organizations under ng section of any future
federal ta	x code.	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	are adopted by the members and the number of votes cast for the amendment(s) aroval.	
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated_Apr	il 21, 2009	
Signature	MI BUTTO	
hav	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
•	Michael Benedettini	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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