P21000031178

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Bu	siness Entity Name	?)
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Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	
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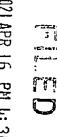
Office Use Only



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1021 APR 16 PM 4: 30



A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: East Coast Transa	ction Management			
	BER: P21000031178				
The enclosed Articles	s of Amendment and fee are si	ubmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	Amy Napoleon				
	Name of Contact Person				
	East Coast Transaction Management				
	Firm/ Company				
	14437 Woodfield Cir N				
	Address				
	Jacksonville, FL 32258				
		City/ State and Zip Code	2		
	Amy@EastCoastTM.com				
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
Amy Napoleon		at (<u>904</u>	993-4316		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

East Coast Transaction Management (Name of Corporation as currently filed with the Florida Dept of Stape) 4: 30 P21000031178 (Document Number of Corporation (if known) ALLAHASSEF. FL Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
1) x Change	PVSTD	Amy Napolcon	14437 Woodfield Cir N
Add			Jacksonville, FL 32258
Remove			
2) Change	D	Amy Napoleon	14437 Woodfield Cir N
Add			Jacksonville, FL 32258
Remove 3) Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

	(Be specific)
-	
	
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an amendment provides for an excha	inge reclassification or cancellation of issued charge
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an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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<u>Frovisions for implementing the amen</u>	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholders.	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ames sufficient for approval.	endment(s)
• •	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	2
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
July 20, Dated	2021	
	mun political adjrector, president or other officer – if directors or officers have	not been
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary)	other court
	Amy Napoleon	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	



June 17, 2021

AMY NAPOLEON EAST COAST TRANSACTION MANAGEMENT 14437 WOODFIELD CIR N JACKSONVILLE, FL 32258 US

SUBJECT: EAST COAST TRANSACTION MANAGEMENT, INC.

Ref. Number: P21000031178

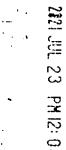
We have received your document for EAST COAST TRANSACTION MANAGEMENT, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE COMPLETED THE WRONG AMENDMENT FORM. PLEASE COMPLETE THE ATTACHED AMENDMENT FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II



Letter Number: 921A00013688