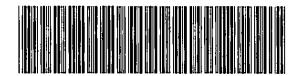
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COVER LETTER

TO:

Registration Section

Division of Corp	orations		
subject: East	-Coat Lightn	ing Rods LLC	
	Name of Line	need Diamity Company	
The enclosed Articles of A	mendment and fee(s) are sub	unitted for filing	
		-	
Please return all correspon	dence concerning this matter	to the following:	
	Edward	P R(1ey Name of Person	
	-	Name of Person	
	EastCoat	Lightning Rod	s LLC
	7726 W	Inegard rd &	2nd floor
	Orlando	FI 32809 City/State and Zip Code	
	E-mail address: (3@gmail. com to be used for future annual report noti	fication)
For further information cor	acerning this matter, please o	all:	
FI ID		0	0.65.0
Laward P	Person	at (<u>\$63</u>) <u>508</u> Area Code Daytim	- 9688 e Telephone Number
	•		
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
C	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Sc		<u>Street Address:</u> Registration Sec	ction
Division of Co	rporations	Division of Cor	porations
P.O. Box 6327		The Centre of T	
Tallahassee, Fl	2 242 FH	∠410 IN. MORTO	e Street. Suite 810

Tallahassee, FL 32303

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

2022

East Coat Lightnin (Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.)	SEP -9
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L2200036445</u>	e filed on 8-18-2022	and assigned:
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability East Coast Lightning Rods Li The new name must be distinguishable and contain the words "Limited Liability Company".		riation "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 addragent and/or the new registered office address here:	ress on our records, enter the name of	f the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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>	Type of Action
MGR	Edward P Riley	7726 Winegard rd 2ndf orlando Fl 32809	Laz Mad
			□Remove
			Change
<u>AMBR</u>	Edward M Riley	7726 Winegard rd 2nd floor Orlando H 32809	I & Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
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Effective date, if other than the data effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dephe record specifies a delayed. The 90th day after the record Dated 9-7-2022	be specific and cannot be ck does not meet the a partment of State's received attention of the state of the specific and cannot be ck does not meet the apartment of State's received attention of the state of the s	applicable statutory fili cords.	nore than 90 days after to ng requirements, this time, at 12:01 a.	iling.) Pursuant to 60; date will not be list	ed as i