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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	East Coast	Septia LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following	
	Je	ry Joyner Name of Person	
	East	Coas Septic	,uC
	442	33rd Stree	<u> </u>
	West	Palm Beach City/State and Zin Code	FL 33407
	E-mail (ddress) (to	be used for future annual report no	C(Y)
For further information c	oncerning this matter, please call	l:	
Jerr Name o	y Joyner	at (.56) 401	- 3438 me Telephone Number
	,		
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	Certificate of Status + extra certificate of Status \$5.00 (2) Certificates)	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	\$35.00		
Regisu Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327	Registration Sect Division of Corp Clipon Building	orations
Lallah	nssee, FL 32314	266 Executive C Talkihassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

East Coast S	otic, LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 12 19 2005 and assigned
Florida document number <u>L05000120520</u>	, ,
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabilit</u>	y 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:	\$\tau\$
Principal office address MUST BE A STREET ADDRESS)	18 TECR
-	10000000000000000000000000000000000000
	18 SSET
Enter new mailing address, if applicable:	7 FO
(Mailing address MAY BE A POST OFFICE BOX)	7 PAT
-	<u> </u>
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
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:	
hereby accept the appointment as registered agent and agree porovisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office adsompany has been notified in writing of this change.	rformance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed I	Authorized Person(s) authorized to main from our records:	age, enter the title, name, and address o	f each person being added
MGR = M: AMBR = At	anager uthorized Member		
Title	Name	Address	Type of Action
AMBR	Kanhai Ramsahai	15437 96th Lane West Palm Beac	N. DAdd
		Mest Palm Beac	<u></u> ☐ Remove
		FL 33412	☐ Change
	 		
			□ Remove
			☐ Change
			□ Add
			D Remove
			Change
			□ Add
			Remove
			Change
			Add
			☐ Remove
			Change
	-		
			Remove
			Change

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)	
	-	
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	,	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) to ole statutory filing requirements, this date will not be listed as the	b)
If the record specifies a delayed effective date, but not (b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:	
Dated February 1 20/8 Signature of a member or author		
Signature of a memori of autiful	S CO VI (P)	
Typed or printed	name of Signet	

Page 3 of 3

Filing Fee: \$25 00