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### **COVER LETTER**

TO:

Registration Section Division of Corporations

# EMERALD COAST SERVICES, LLC

SUBJECT:

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:

MYRA J. SCOTT

Name of Person

EMERALD COAST SERVICES, LLC

Firm/Company

P.O. Box 15373

Address

Panama City, FL 32406

City/State and Zip Code

brownmaryannl@gmail.com

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

For further information concerning this matter, please call:

Myra J. Scott

ູ,850 348-26

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## EMERALD COAST SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and end with the words "Limited L	iability Company," the design	gnation "LLC" or the abbreviation L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		anews:	
Trincipal office waaress in CST BE A STREET ADDICESS!			
		711	
		٠٠٠ بي ج	
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 ou	r records anter the name of the name	
registered agent and/or the new registered office address h		records, enter the name of the new	
	<del>_</del>		
Name of New Registered Agent:			
Transcor real registered rigeria.			
	Enter Florida s	treet address	
New Registered Office Address:	imer Fioriau's		
New Registered Office Address:		, Florida Zip Code	
New Registered Office Address:	- Civ		
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Age	City .	Zip Code	

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title	uthorized Member <u>Name</u>	<u>Address</u>	Type of Action
MGR	Ricky A.C. Emanuel	1710 Wilmont Avenue	_ <b>∃</b> Add
		Panama City, FI 32405	□ Remove
			□ Add
		7,	Remove 2817 AUG 16
			Add Refridve
			🗆 Remove
			<del></del>
			□ Add
			□ Remove
			Add
			□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets	i, if necessar	v.)	
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florida Department of State)	(optional) 90 days after	<del></del>	
Dated August 13 2014			
Ry U. Ennul  Signature of a member or authorized representative of a member			
RICKY A.C. EMANUEL	r		
Typed or printed name of signee	;	SECRETAIN	2014 AUG 19
		AGENTALIZA SIYIS IS A	) PM 3: 44

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Filing Fee: \$25.00