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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
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L. SELLERS

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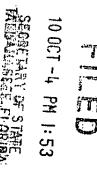
EXAMINER

Office Use Only



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COVER LETTER

:,

TO: Registration Section Division of Corporations
SUBJECT: EAST COAST SHRING CONFANY LLC 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:
Luis Flores Name of Person
EAST GAST SHRing Company,
3570 MYSTIC POINT DX.
Address Address Aventura Fla 33182 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 792-5115 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\ \text{Certified Copy} \\ \text{(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

		•					
(<u>Name of the Limited Lia</u> (A Flo							
The Articles of Organization for this Limited Liability Company were filed on Avg. 23, 2007 and assigned Florida document number 6070000 8626(
This amendment is submitted to amend the following	ng:						
A. If amending name, enter the new name of the	e limited liabi	lity company here	;				
The new name must be distinguishable and end with the "L.L.C."	ne words "Limite	ed Liability Compan	y," the designation	"LLC" or the	abbreviation		
Enter new principal offices address, if applicable	e:						
(Principal office address MUST BE A STREET A	(DDRESS)		· ·				
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>						

B. If amending the registered agent and/or registered agent and/or the new registered office			ır records, <u>enter</u>	the name	of the new		
Name of New Registered Agent:							
New Registered Office Address:							
		Ente	er Florida street a				
_		City	, Florida _	Ziv Coa	le una		
New Registered Agent's Signature, if changing Regi	istered Agent:			MA THE	;***		
I hereby accept the appointment as registered at the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	per and completed agent as painted agent as painted office of the control of the	ete performance o rovided for in Cha	of my duties, and . apter 608, F.S. O	Talkfan y al	r with and ument is		

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>MGRM</u>	Virgilio ATHANASIADIS	3570 Mystic Point DR AVENTURA, FloriDA 33180	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
			_
Dated	0ct. 1 , 2018	Lus Flore.	
-	Luis	r authorized representative of a member O C	_

Page 2 of 2

Filing Fee: \$25.00