

L070000091393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

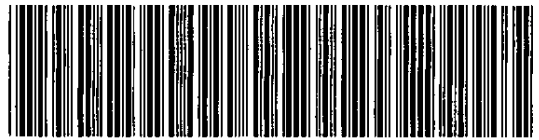
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G. MCLEOD

AUG 19 2009

EXAMINER



800159547148

08/17/09--01011--022 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 17 AM 7:54

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMERALD COAST CONCIERGE SERVICES 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:

JOHN KNIPE

Name of Person

(above) ECLS LLC

Firm/Company

321 GOLDENROD CT

Address

NICEVILLE FL 32578

City/State and Zip Code

johnnpk@aol.com

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

For further information concerning this matter, please call:

JOHN KNIPE

Name of Person

at (850) 225-6935

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

SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
FILED
09 AUG 17 AM 7:01

EMERALD COAST CONCIERGE SERVICES LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/07/2007 and assigned
Florida document number L07000091393

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

321 GOLDENROAD CT
NICEVILLE FL 32578

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

321 GOLDENROAD CT
NICEVILLE FL 32578

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOHNN KNIPE

New Registered Office Address:

321 GOLDENROAD CT

Enter Florida street address

NICEVILLE

City

, Florida

FL 32578

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 608, 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.

J. Knipe
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
MGRM	Michael Minor	57 SNAPPER ST SANTA ROSA SCH FL 32459	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
RA	MARY LEE MINOR	SAME AS ABOVE	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- ① Mike Minor has said JOHN CAN take over ECC. HE HAS OK'd JOHN to REMOVE his NAME (MIKE NAME REMOVED)
- ② JOHN KNIPE will BECOME ONLY MGRM & Reg Agent
From THIS POINT Forward, JOHN is only PERSON who CAN add/remove OR AMEND ECC.
- JKnipe 8/14/09
Signature of a member or authorized representative of a member
JOHN KNIPE
Typed or printed name of signee