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SECRETARY OF STATE
TALLAHASSEEL FI ORIG

D. BRUCE

JUN 24 2010

**EXAMINER** 

## COVER LETTER . .

TO: Registration Section Division of Corporations	
SUBJECT: East Coast Construction Consultants 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:	
Deborah A Webster  Name of Person  EAST Coast Construction Consultants LLC  Firm/Company	,
PO Box 15504 Address	
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Character of Code  Character of Code  C	n
For further information concerning this matter, please call:	
Debote Ah Liebs-kee at 904 261.3156  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	
★ MAILING ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

East Coast Const	euction (ons	WHAMT.	5 66	7 <u>-</u>		
( <u>Năme of the Limited Liabilit</u> (A Florida	y Company as it now appe Limited Liability Company	ars on our réco )	ords.)			
The Articles of Organization for this Limited Liability  Florida document number	Company were filed on _ 27652	11/19,	/2008 and	d assig	ned	
This amendment is submitted to amend the following:		;				
A. If amending name, enter the new name of the lin	nited liability company h	ere:			-	
The new name must be distinguishable and end with the we	ords "Limited Liability Com	pany," the desig	mation "LLC" or	the abb	reviation	
"L.L.C."	·		$\mathbb{Z}_{\infty}$			
Enter new principal offices address, if applicable:		,		٥	and he foreign	
(Principal office address MUST BE A STREET ADD	RESS)			氢	. 1 .	
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Enter new mailing address, if applicable:			107 118	ڢ	O	
(Mailing address MAY BE A POST OFFICE BOX)				CO E		
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B. If amending the registered agent and/or registered agent and/or the new registered office ad-		our records,	enter the nar	ne of	the new	
Name of New Registered Agent:		·, ·				
	• • • • • • • • • • • • • • • • • • • •		,.			
New Registered Office Address:	~	^ i				
	Enter Florida street address					
	/*·	, Flo	orida	<i>a</i> .		
	City		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.

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> **Type of Action** Jebornh Alleber mailing Remove ☐ Add ☐ Remove ■Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010. Dated Chune

Typed or printed name of signee
Page 2 of 2

- Filing Fee: \$25.00 --