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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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09 OCT 23 PM 4: 22

SECRETARY OF STATE

D. BRUCE
OCT 2 6 2009
EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: East Coast Dock and Doors 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: | |
| Please return an correspondence concerning this matter to the following. | |
| Manuel Acosta | |
| Name of Person | |
| East Coast Dock and Doors LLC | |
| 413 Glastonbury Drive | |
| Address | |
| Oclando, FL 32825 | F 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| manuela acosta ir Whotmail. com | CT 23 |
| E-mail address: (to be used for future annual report notification) | <u>m</u> ~ . |
| For further information congerning this matter, please call: | |
| Manuel Acosta at (321) 246-0482 | t: 22 |
| Name of Person Area Code & Daytime Telephone Number | |
| | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed) | of Status & |
| | |

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 | _ | | | |
|---|----------------------------|--------------------|------------------------------|----------------|------------|
| East Coast Joek (Name of the Limited Liability (A Florida L | e and y Company as | it now appears of | n our records.) | | |
| The Articles of Organization for this Limited Liability Co. | Company were 3_9 | filed on <u>3/</u> | 17/09 | and assig | gned |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited to ast Hainten. The new name must be distinguishable and end with the word "L.L.C." | nance o | Service | 2S LLC "the designation " | LLC" or the ab | breviation |
| Enter new principal offices address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET ADDR | RESS) | | • • • | <u> </u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | | OCT 23 PM 4: | FILED |
| B. If amending the registered agent and/or registered agent and/or the new registered office addr | | address on our | records, enter | the name of | the new |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| New Registered Office Address. | | Enter | Florida street add | dress | |
| | | | , Florida | | |
| | Cit | <i>y</i> | | 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> | Name | Address | Type of Action |
|--------------|---|---|----------------|
| MGRM | Junet Acosta | 9872 Piney Point Cir Orlando, FL 32825 | Add Remove |
| | | | Add Remove |
| | | | ☐ Add |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ding any other information, enter chang | ge(s) here: (Attach additional sheets, if necesso | ary.) |
| | | | OD OCT 2: |
| Dated | | | H + 22 |
| | | r or authorized representative of a member Manuel Acosta Sr or printed name of signed | |

Page 2 of 2

Filing Fee: \$25.00