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D. BRUCE

NOV 15 2010

EXAMINER

COVER LETTER

TO: Registration'S Division of Co				
SUBJECT: <u>FA</u>		EENERY / LLC (ted Liability Company		
	Amendment and fee(s) are sub	-		
Please return all corresp	ondence concerning this matter	to the following:		
	J	osephine D. Oliveros		
		Name of Person		
East Coast Greenery, LLC.				
Firm/Company				
1589 Main Street			26 5	
Address		Address		NOV 12
	Atlan	tic Beach, Florida 32233		سين کو سيد
		City/State and Zip Code		PH 3: 81 FE. FLORE
jo E-mail address: (t		odyecg@comcast.net to be used for future annual report notificat	tion)	0. 9.5
For further information	concerning this matter, please c	all:		>
Josep	phine D Oliveros	at (904) 24	19-3572	
Name of Person		Area Code & Daytime T		
Enclosed is a check for the \$25.00 Filing Fee	the following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Regist	LING ADDRESS: tration Section on of Corporations	STREET/COURIER Registration Section Division of Corporati		

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 Co	oast Greenery, LL0	<u> </u>		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appe Limited Liability Company	ears on our records.)		
`	, , ,	,		
The Articles of Organization for this Limited Liability	Company were filed on	October 1, 2009	_ and assigned	
Florida document numberL0900095187				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lir	nited liability company h	ere:	,	
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Com	pany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)		٠.	
			<u> </u>	
		2		
Enter new mailing address, if applicable:		# 67 67	- N	
(Mailing address MAY BE A POST OFFICE BOX)		(1	co 1	
	 		S W []	
	····	NATIONAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY	P (0)	
B. If amending the registered agent and/or regi	stered office address or		rni (J) e name of the nev	
registered agent and/or the new registered office ad	dress here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Kevin J. Nunziante	1601 Arden Way Jacksonville Beach, Fl. 32250	✓ Add Remove
			Add Remove
	***************************************		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessary	i i i
			THE PH 3: 85
Dated	November 9	2010 MD1/2105	
	Signature of a sh	pember or authorized representative of a member	
		Josephine D. Oliveros Typed or printed name of signee	
		. Then or himmen manie or niPules	

Page 2 of 2

Filing Fee: \$25.00