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(Address)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AUG 07 2013

D. BRUCE

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **WESERN ATLANTIC CONSTRUCTION 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:

**TIFFANY WILSON**

Name of Person

**ESO EQUITY GROUP LLC**

Firm/Company

**150 COCOA ISLES BLVD STE 202**

Address

**COCOA BEACH FL 32931**

City/State and Zip Code

**TWILSON@ESOEQUITYGROUP.COM**

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

For further information concerning this matter, please call:

**TIFFANY WILSON**

Name of Person

**321 783-5252 EXT 17**

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

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TALLAHASSEE FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WESTERN ATLANTIC CONSTRUCTION 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 03/18/2010 and assigned  
Florida document number L100000301 79.

This amendment is submitted to amend the following:

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

WESTERN ATLANTIC CONSTRUCTION MANAGEMENT LLC

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)

150 COCOA ISLES BLVD STE 202  
COCOA BEACH FL 32931

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

150 COCOA ISLES BLVD STE 202  
COCOA BEACH FL 32931

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JANESSEE FLORIDA

**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: \_\_\_\_\_

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, 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>
MGR	MARIA VIERA	813 N ATLANTIC AVE COCOA BEACH FL	<input type="checkbox"/> Add
		32931	<input checked="" type="checkbox"/> Remove
MGR	ESO EQUITY GROUP LLC	150 COCOA ISLES BLVD STE 202	<input checked="" type="checkbox"/> Add
		COCOA BEACH FL 32931	<input type="checkbox"/> Remove
MGR	GO SALES & MARKETING INC	395 CARMINE DRIVE	<input checked="" type="checkbox"/> Add
		COCOA BEACH FL	<input type="checkbox"/> Remove
		32931	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 CLERK OF STATE  
 TALLAHASSEE FLORIDA

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

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Dated JULY 25, 2013

OR! TAL

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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