10000078167

(Device Andre Name)				
(rte	(Requestor's Name)			
<u> </u>				
(Adi	dress)			
•	_			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number)		
Certified Copies	Certificate	s of Status		
G i-1 (k k k k k k k k k k k k k k k k k				
Special Instructions to I	Filing Officer: .			
!				

Office Use Only



900186381079

10/08/10--01024--010 **60.00



J. BRYAN

OCT 11 2010

EXAMINER

COVER LETTER

	ration Section on of Corporations		
SUBJECT:	All East C	Coast Services, LLC	
		mited Liability Company	
The enclosed A	rticles of Amendment and fee(s) are s	submitted for filing.	
Please return all	correspondence concerning this mat	ter to the following:	
		Charles D. James	
		Name of Person	
	All	East Coast Services, LLC	
		Firm/Company	
	4.5	5N (1.5) B: 11.75	至名
	10:	5 North Palm Drive, Unit B Address	歸母四
		Addiess	DOT -8 PM
	9	Satellite Beach, Fl 32937	
		City/State and Zip Code	72
	E-mail address	alleastcoast@live.com : (to be used for future annual report notification)	1-8 PM 1:06
For further infor	rmation concerning this matter, please	e call:	<i>y</i>
	Dale James	at (_321_)863-2204	t
	Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a ch	eck for the following amount:		
\$25.00 Filing	g Fee \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
	MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All East Coast Services, LLC

(Name of the Limite	d Liability Compa A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Company	y were filed on	July 26, 2010	and assigned
Florida document numberL1000007	8167			SECOND TO
This amendment is submitted to amend the fol	lowing:			Allesson L
A. If amending name, enter the new name of	of the limited liab	bility company he	<u>re</u> :	F. FLOR
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Comp.	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:		105 North Pa	alm Drive, Unit B	
(Principal office address MUST BE A STREET ADDRESS)		Satellite Bea	ch, Fl 32937	
Enter new mailing address, if applicable:		105 North Palm Drive, Unit B		
(Mailing address MAY BE A POST OFFICE BOX)		Satellite Beach, FI 32937		
B. If amending the registered agent and registered agent and/or the new registered o		<u>'e</u> :	our records, <u>enter (</u>	he name of the ne
	105 North E	Polm Drive Unit	- D	
New Registered Office Address:	105 North F	Palm Drive, Unit En	ter Florida street add	ress
	Sa	tellite Beach	, Florida	32937
		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>	Name	Address	Type of Action
MGRM	Harry J Pingston, Jr	136 Hedgegrove Avenue Satellite Beach, FI 32937	Add Remove
			Add Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter c	hange(s) here: (Attach additional sheets, if necessa	ny.)
	,		FILED BCT -8 PM
Dated	October 05	2010 7 \	1: 06 ORIDA
		Charles D. James yped or printed name of signee	
	-	•••	

Page 2 of 2

Filing Fee: \$25.00