

L11000055032

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TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER

AUG 16 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emerald Coast Collections 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:

April Durham  
Name of Person

Emerald Coast Collections, LLC  
Firm/Company

P.O. Box 1250  
Address

Panama City, FL 32402  
City/State and Zip Code

emeraldcoastcollections@comcast.net  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

April Durham at ( 850 ) 785-0088  
Name of Person 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

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

**Emerald Coast Collections, LLC**  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/6/11 and assigned  
Florida document number L11000055032.

This amendment is submitted to amend the following:

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

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)**

2336 Bayview Ave Suite 105  
Panama City, FL 32405

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

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. Box 1250  
Panama City, FL 32402

**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:

2336 Bayview Ave Suite 105  
*Enter Florida street address*  
Panama City, Florida 32405  
*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>
MGRM	April Durham	P.O. Box 1250 Panama City, FL 32402	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Randy Durham	P.O. Box 1250 Panama City, FL 32402	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Roy R Durham Jr.	14714 Old Spikes Rd Panama City, FL 32409	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Only amending address on the members above.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated August 10<sup>th</sup>, 2011

[Signature]  
Signature of a member or authorized representative of a member

April Durham  
Typed or printed name of signee