

L12000035428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

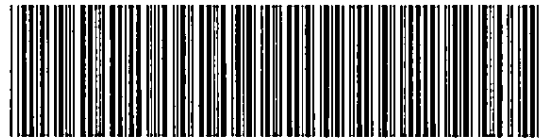
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800320980818

11/19/18--01022--008 **25.00

FILED
2018 NOV 19 PM 5:22
SECRETARY, CLERK
TALLAHASSEE, FLORIDA

Amend

NOV 30 2018

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emerald Coast Subs, 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:

Jonathan Travis Brown
Name of Person

Emerald Coast Subs, LLC
Firm/Company

763 Old Paper Mill Dr
Address

Maricette, GA 30067
City/State and Zip Code

jtravisbrown@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Brown at 404 822-7482
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Subs, 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 3/13/12 and assigned
Florida document number 212000035428

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2012 NOV 19 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>UGR</u>	<u>JAMES SHUTTS II</u>	<u>2233 Seminole Rd, #16</u> <input type="checkbox"/> Add	
		<u>Atlantic Beach, FL 32233</u> <input checked="" type="checkbox"/> Remove	
		_____ <input type="checkbox"/> Change	
<u>MGR</u>	<u>JAMES E.</u>	<u>1140 Meadow Vista Dr.</u> <input type="checkbox"/> Add	
	<u>JEB SHUTTS</u>	<u>Maineville, OH 45039</u> <input checked="" type="checkbox"/> Remove	
		_____ <input type="checkbox"/> Change	
		_____ <input type="checkbox"/> Add	
		_____ <input type="checkbox"/> Remove	
		_____ <input type="checkbox"/> Change	
		_____ <input type="checkbox"/> Add	
		_____ <input type="checkbox"/> Remove	
		_____ <input type="checkbox"/> Change	
		_____ <input type="checkbox"/> Add	
		_____ <input type="checkbox"/> Remove	
		_____ <input type="checkbox"/> Change	
		_____ <input type="checkbox"/> Add	
		_____ <input type="checkbox"/> Remove	
		_____ <input type="checkbox"/> Change	

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

21/14/18

Signature of a member or authorized representative of a member

JONATHAN TRAVIS BROWN.

Typed or printed name of signee