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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN

APR 24 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2018

EMILY L HALL
206 TEQUESTA DRIVE
DESTIN, FL 32541

SUBJECT: EMERALD COAST MOTOR CARS LLC
Ref. Number: L12000148513

We have received your document for EMERALD COAST MOTOR CARS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Page 2 missing

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 418A00006576

04 23 2018

I Stan Hall have no intention of reversing the voluntary dissolution of Emerald Coast Motor Cars LLC.

This action should make the previous dissolution void and null.

Thanks,

Stan Hall

manager

A handwritten signature in black ink, appearing to read "Stan Hall", written over a horizontal dashed line. Below the signature is a solid horizontal line.

FILED

2018 APR 24 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EMERALD COAST MOTOR CARS DESTIN 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:

EMILY L. HALL
Name of Person
EMERALD COAST MOTOR CARS DESTIN LLC
Firm/Company
206 TEQUESTA DRIVE
Address
DESTIN, FL. 32541
City/State and Zip Code
STANHALL1@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STAN HALL at 850 83003083
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**

FILED
2016 APR 24 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EMERALD COAST MOTOR CARS 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 11 27 2012 and assigned Florida document number L12000148513.

This amendment is submitted to amend the following:

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

EMERALD COAST MOTOR CARS DESTIN LLC

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:

2619 LEANING PINES LOOP

(Principal office address MUST BE A STREET ADDRESS)

DESTIN, FL. 32541

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

NAME ONLY

Multiple horizontal lines for entering change information.

E. Effective date, if other than the date of filing: 03 30 2018 **(optional)**

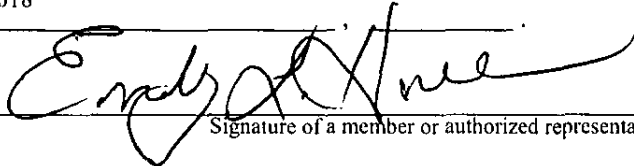
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated 03 30 2018



Signature of a member or authorized representative of a member

EMILY L. HALL

Typed or printed name of signee

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DEPARTMENT OF STATE
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