

L12000 160404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

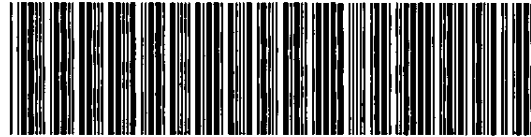
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 27 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **EAST COAST MARINE DOCTOR, 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:

DOMENIC H. CALICCHIA

Name of Person

PROFESSIONAL ACCOUNTING SERVICES

Firm/Company

1520 BOTTLEBRUSH DR. NE

Address

PALM BAY, FL 32905

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ()

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

EAST COAST MARINE DOCTOR, LLC

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 21, 2012 and assigned Florida document number L12000160404.

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

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)

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:

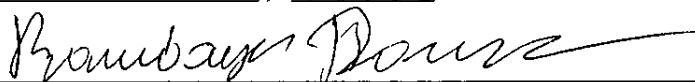
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KUVATOV VALERY NAILOVICH	401 MONROE AVE, B206	<input checked="" type="checkbox"/> Add
		CAPE CANAVERAL	<input type="checkbox"/> Remove
		FL 32920	
MGR	JOSHUA DON WAGNER	3302 FRANKIE	<input checked="" type="checkbox"/> Add
		COCOA	<input type="checkbox"/> Remove
		FL 32926	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Add
Remove

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

Dated DECEMBER 18, 2013



Signature of a member or authorized representative of a member

DORDZHI BAMBAYEV

Typed or printed name of signee

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Filing Fee: \$25.00

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