L13000070504

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	
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TAIL AHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations

EMERALD COAST SIGNS 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:

BOBBIE SUMMERS

Name of Person

EMERALD COAST SIGNS LLC

Firm/Company

745 N FERDON BLVD

Address

CRESTVIEW FL 32536

City/State and Zip Code

SALES@EMERALDCOASTSIGNS.COM

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

For further information concerning this matter, please call:

BOBBIE SUMMERS

850 398-1712

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 SIGNS 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	y Company were filed on 05/14/13	and assigned
Florida document number L13000070504		2013 N SECT
This amendment is submitted to amend the following	;	FIL 2013 NOV -7 SECRETAIN
A. If amending name, enter the new name of the li	imited liability company here:	FERFES
The new name must be distinguishable and end with the vilL.C."	words "Limited Liability Company," the design	nation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
_		rida Zip Code
	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>	Address	Type of Action
MGRM	BRADLEY M SUMMERS	745 N FERDON BLVD	✓ ∧dd
		CRESTVIEW FL 32536	Remove
			Add
			Remove
·		-1	
		SECRETA! TALL AHAS	700 TRemove
		SEE. FLORIDA	
		IDA -	Remove
			Remove
			_
<u></u>			
			Remove

i ii am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed ,	1/-05-2013
···· -/	Bollh à Semmars
	Signature of a member or authorized representative of a member
	BOBBIE SUMMERS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 NOV -7 PM 1:3