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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corp	orations			
SUBJECT: Emera	Id Coast Cons	Struction and Al	chitectural survices	,uc
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Stace	→ Name of Person		
	Emeroial Coa	St Construction Firm/Company	and Architectural	Servies UC
	320 Lowe	11 lane Address		·
	Pensacola	R 32534 City/State and Zip Code		
		5+440 Smail. to be used for future Unival report no	tification)	
For further information con	ncerning this matter, please ca	all:		
Stacey La	700 Person	at (850) 503 Area Code Dayti	me 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:

TO:

Registration Section

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**

Construction and Architectural, UC ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	oility Company v	vere filed on <u>£</u>	4.30.14	{	and assign	ned
Florida document number <u>13000128</u>	232				_	
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of t	he limited liabil	ity company he	re:			
Emerald coast cons	truction	n Conc	ents L	-C		
The new name must be distinguishable and end with the wo	rds "Limited Liabil	ity Company," the	designation "LLC" or t	he abbrev	iation "L.L.	.C."
Enter new principal offices address, if applicat	ıle:					
(Principal office address MUST BE A STREET		***************************************				
			•			
					7:-	
Enter new mailing address, if applicable:				٠,	, -	
(Mailing address MAY BE A POST OFFICE B	OX)			•	-	
						<u></u> -
B. If amending the registered agent and/or			our records, ent	er the	name of	the new
registered agent and/or the new registered office	<u>:e address here</u> :	:				
Name of New Registered Agent:						
New Registered Office Address:	8 Cam	bridge EnterPlora Cola	Are			
	\circ	Enter Plor	ida street address	2-	ایدی	
	tensa	cola	, Florida		<u> 1534</u>	-
New Registered Agent's Signature, if changing Re	nistored Agents	City		Zi _i	p Code	

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			_
			Add
			🗆 Remove
		-	□ Add
			Remove
			□ Add
			Remove
			 □ Add
			□ Remove
		 -	
			□ Add
			□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I just need to Change the company name
I just need to Change the company name from Emerald Coast Construction and Architectural
services, LLC to Emerala Coast Construction
Concepts, UC and Change the address from
320 Lowell land to 8 Cambridge Ave.
E. Effective date, if other than the date of filing: (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated August 14th, 2014.
Signature of a member or authorized representative of a member
Stacen Lazar
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00