L14000112613

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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M. MILLIGAN EXAMINER

SEP 15 2014



HARRISON SALE McCLOY

ANDREW B. LEVY

alevy@HSMcLaw.com

CORRESPONDENCE
Postal Drawer 1579, Panama City, FL 32402

PANAMA CITY OFFICE 304 Magnolia Avenue Panama City, FL 32401 T 850.769.3434 F 850.769.6121 SANDESTIN OFFICE 495 Grand Blvd., Suite 206 Miramar Beach, FL 32550 T 850.269.7218

September 10, 2014

VIA FEDERAL EXPRESS

Cathy Carrothers
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re:

Corporation/LLC Name Changes

Dear Cathy:

It was a pleasure speaking with you on the phone on Monday. Enclosed please find the following documents we discussed:

- 1. Emerald Coast Title Services, Inc. Articles of Amendment Changing name to Emerald 2014, Inc.;
- 2. Emerald Coast Exchange Services, Inc. Articles of Amendment Changing name to Emerald Exchange 2014, Inc.;
- 3. ECTS, LLC Articles of Amendment to Articles of Organization changing name to Emerald Coast Title Services, LLC; and
- 4. Articles of Organization for Emerald Coast Exchange Services, LLC.

Also enclosed is this firm's check in the amount of \$230.00 to cover the filing fees for all of these documents. Please do not hesitate to contact me if you have ANY questions regarding any of the above documents. I have placed sticky notes on the documents (as you suggested) stating the order in which to file the documents so everything should run smoothly.

Once again, thank you for your help in this matter.

Sincerely.

Margaret M. Clark

Legal Assistant to Andrew B. Levy

/mmc

Enclosures: As Stated

COVER LETTER

	ration Séctio n of Corpora			
SUBJECT:	CTS,	LLC		
SUBJECT:	<u> </u>	Name of Limit	ed Liability Company	····
The enclosed Ar	ticles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all	corresponder	nce concerning this matter to	o the following:	
	_	ANDREW LE	EVY	
	_		Name of Person	•
	_	HARRISON	SALE McCLOY	
			Firm/Company	
	_	304 MAGNO	LIA AVENUE	
		PANAMA CI	TY, FL 32401	
	<u> </u>	ALEVY@HSMCL	City/State and Zip Code AW.COM be used for future annual report notifica	(ion)
For further infor	mation conce	rning this matter, please cal	·	
ANDRE			_{at (} 850 ₎ 769-34	34
	Name of Per	son	Area Code Daytime To	elephone Number
Enclosed is a che	eck for the fo	llowing amount:		
□ \$25.00 Filing	g Fee 🖸	1 \$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



ECTS, 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 Compan Florida document number <u>L14000112613</u> .	y were filed on JULY 16, 2014 and assigned
Γhis amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
EMERALD COAST TITLE SERVICES, LLC	
The new name must be distinguishable and end with the words "Limited Lis	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2050 WEST HWY 30A
(Principal office address MUST BE A STREET ADDRESS)	SANTA ROSA BEACH, FL 32459
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2050 WEST HWY 30A SANTA ROSA BEACH, FL 32459
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	· •
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address . Florida

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

<u>tle</u>	<u>Name</u>	Address	Type of Action
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e effecti	date, if other than the date of filing:
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he effecti he date th	we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
The effecti the date th	we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

