

L14000112613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

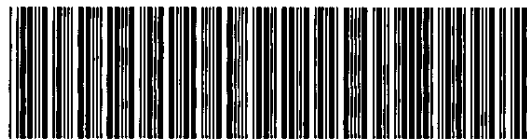
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

M. MILLIGAN
EXAMINER

SEP 15 2014



Attorneys At Law

HARRISON SALE McCLOY

ANDREW B. LEVY

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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

**TO: Registration Section
Division of Corporations**

SUBJECT: ECTS, 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:

ANDREW LEVY

Name of Person

HARRISON SALE McCLOY

Firm/Company

304 MAGNOLIA AVENUE

Address

PANAMA CITY, FL 32401

City/State and Zip Code

ALEVY@HSMCLAW.COM

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

For further information concerning this matter, please call:

ANDREW LEVY

Name of Person

850 769-3434

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

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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 SEPTEMBER 9, 2014


Signature of a member or authorized representative of a member

ANDREW B. LEVY, MANAGER

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA