15000019165

((Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
ı	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	
Special instructions		

Office Use Only



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2017 AUG 10 AM 8: 45

J. HARRIS

COVER LETTER

TO:	Registration S Division of Co			
end ic		D SANDS CONSULTING LLC	2	
SUBJE	UI: <u></u> _	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	cturn all corresp	ondence concerning this matter	to the following:	
		EDWIN D. EPPERSON II	II	
			Name of Person	
		EMERALD SANDS CON	SULTING LLC	
		Firm/Company		
		19046 BRUCE B. DOWN	S BLVD #413	
		Address		
		TAMPA, FL 33647		
		City/State and Zip Code		
		EDWIN@SPEARSONINV E-mail address: (ESTMENTGRP.COM to be used for future annual report notific	cation)
For furtl	ner information (concerning this matter, please co		
	D EPPERSON	,	813 474-4429	
	Name (of Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for t	he 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)
		JNG ADDRESS: ration Section	STREET/COURIE Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2017

EDWIN D EPPERSON III 19046 BRUCE B DOWNS BLVD #413 TAMPA, FL 33647

SUBJECT: EMERALD SANDS CONSULTING LLC

Ref. Number: L15000019165



We have received your document for EMERALD SANDS CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

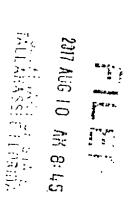
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 117A00015665



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMERALD SANDS CONSULTING LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	J
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L15000019165}{L15000019165}$.	were filed on 2 FEBRUARY 201	5 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		28
		CALLED CALLED
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		三 三 三
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		<u>.</u> 5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street address, Florida City Zip Code	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agroprovisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p	performance of my duties, and	H am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	EDWIN D EPPERSON III		
			Remove
		19046 BRUCE B DOWNS BLVD #413 TAMPA FL 33647	_ ☐ Change
Member	Tampa Vertical Consulting Inc.		
		19046 BRUCE B DOWNS BLVD #413 TAMPA FL 33647	■ Remove
			Change
			
			☐ Remove
			Change
			□ Remove
			Change
	,		
			Change Ch
			☐ Remo@ ☐ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessa PLEASE CHANGE TITLE FOR EDWIN D EPPERSON III, TO MGR	<i>n</i> .v.)	
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(If an ef <u>Note:</u>	ve date, if other than the date of filing: (optional ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this datent's effective date on the Department of State's records.	ig.) Pursuant to 605	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	. on the earli	er of:
Dated	7 AUGUST 7017		
	Man Home to		
	Signature of a member or authorized representative of a member	TALL TALL	3
	EDWN D EPPENSON III Typed or printed name of signee		
	Typed or printed name of signee	AUG 1 0	. 2002 to.) racerus
		611	-
	Page 3 of 3	# # # # # # # # # # # # # # # # # # #	
	Filing Fee: \$25.00	201-000 27 28 18 18	