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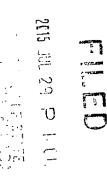
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# **COVER LETTER**

TO: Registration S  † Division of Co			
EMERAL SUBJECT:	D COAST DEVELOPMENT A	AND DISPOSAL LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	NATHAN D. BOYLES		
		Name of Person	1.001.001
	NATHAN D. BOYLES, P	<b>A.</b>	
		Firm/Company	<del>, , , , , , , , , , , , , , , , , , , </del>
	204 NORTH MAIN STRE	EET	
		Address	
	CRESTVIEW, FL 32539		
		City/State and Zip Code	
	NATHAN@CRESTVIEW-		<del></del>
		to be used for future annual report notif	neation)
For further information of	concerning this matter, please c	all:	
NATHAN D. BOYLES		850 689-8505 at ()	
Name o	d Person	Area Code Daytime	e Telephone Number
Enclosed 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)

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 DEVELOPMENT AND D		
(Name of the Limited Liability (A Florida Liability)	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 05/04/2015	and assigned
Florida document number L15000078438		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	72 1701 
The new name must be distinguishable and contain the words "Limited		
Enter new principal offices address, if applicable:	(A)	<u></u>
(Principal office address MUST BE A STREET ADDRES	<b>SS)</b>	
Enter new mailing address, if applicable:	Ü A	에 (R)
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		the name of the 1
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
•	. Florida	
-1.11000E-11.11.11	, Fibrida	7in 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 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BRYAN ROGERS	3011 EAST JAMES LEE BLVD	
		CRESTVIEW, FL 32539	■ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			· Add
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nn effective dat ote: If the da							
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Filing Fee: \$25.00