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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Name))
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	Emerald Co	ast Development and Disposal	I, LLC	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Nathan D. Boyles		
			Name of Person	
		Nathan D. Boyles, PA		
			Firm/Company	
		204 N. Main Street		
			Address	
		Crestview, Florida 32536		
			City/State and Zip Code	
	,	sabrina@crestview-law.com		
		E-mail address: (to be used for future annual report no	tification)
For further in	iformation co	ncerning this matter, please ca	all:	
Sabrina Boyl	les		850 689-8505 at ()	
	Name of	Person		me Telephone Number
Enclosed is a	check for the	e following amount:		
≡ \$25.00 Fi	iling 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

TO:

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

A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(<u>Name of the Limited Llability Company as it now appears on our re</u> (A Florida Limited Liability Company)	ecords.)
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		and assigned
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	This amendment is submitted to amend the following:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	A. If amending name, enter the new name of the limited liability company here:	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	The new name must be distinguishable and contain the words "Limited Liability Company," the designation	
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(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		25. L
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	Enter new mailing address, if applicable:	50 =
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(Mailing address MAY BE A POST OFFICE BOX)	200
New Registered Office Address: Enter Florida street address		ords, enter the name of the
Enter Florida street address	Name of New Registered Agent:	
	New Registered Office Address:	
	Enter Florida street a	ddress
, Florida		, Florida
City	City	Zip Code
t's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Address</u>	Type of Action
MGR	Lindsay Rogers	3011 East James Lee Blvd	Add
		Crestview, Florida 32539	□ Remove
			■ Change
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90	days after filing.) Pursuant to 605.
If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	nents, this date will not be liste
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ecord specifies a delayed effective date, but not an effective time, at	13.01
ecord specifies a delayed effective date, but not an effective time, at e 90th day after the record is filed.	12:01 a.m. on the earlie
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December 1 2015	
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Signature of a member or authorized and contains of	174
Signature of a member or authorized representative of a memb	

Page 3 of 3

Filing Fee: \$25.00