# L15000094411

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## COVER LETTER

TO: Registration Section  Division of Corporations
SUBJECT: EMERALA COAST LENDING 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:
Michael Santa Maria
Thor Capital Aartners Firm/Company
200 E. Sandpointe ave. #800
Santa ana, CA. 92707
Santa and CA. 92707  City/State and Zip Code  Michael. Santa Maria & Thor Capital Partners. com  E-mail address: (to be used for future annual report notification)
Michael Santa Maria at (951) 634-236 Sonta Name of Person Area Code Daytime Telephone Number of Daytime Telephone
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee,  Certificate of Status \$\Bigcup \$\text{(additional copy is enclosed)}\$  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

EMERALIS (OAS'7 L	ENSING
(Name of the Limited Liability Compa (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 150000 94411</u>	were filed on May 29, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	34008 Emerald Coast PKWY # 101
(Principal office address MUST BE A STREET ADDRESS)	Destin, Florida 32541
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address ASS
	City Florida Co
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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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 = Ma $AMBR = Au$	anager hthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Wesley Hoaslund	200 E. Sandpointe Que	# 800 □ Add
		200 E. Sandpointe Que Santa ana, CA 92707	□ Remove
			Change
			Remove
			Change
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			Add
			Remove
	·	ALL ALL	Change
		AllASSI	Add
		COF STATE EF, FLORIDA	≥ Change
		NIE	 □ Add
			Remove
			Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	• ,
If an e Note:	etive date, if other than the date of filing:  (optional)  (ffective 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 605.0207  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	9-25, 2015.
	Walm Horas E
	Signature of a member or authorized representative of a member
	WESLEY HOABLUND

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Filing Fee: \$25.00