

L15000102653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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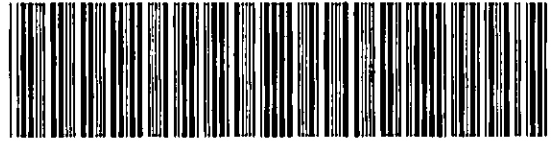
(Business Entity Name)

(Document Number)

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2018 DEC 10 A 6:29

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D. SCOTT  
DEC 18 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAST COAST AUTO CONSULTANTS, 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:

Barry B. Byrd

Name of Person

Pineiro Byrd PLLC

Firm/Company

4600 Military Trail, Suite 212

Address

Jupiter, FL 33458

City/State and Zip Code

bbyrd@pblawfla.com

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

For further information concerning this matter, please call:

Barry B. Byrd

561 799-9280  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

EAST COAST AUTO CONSULTANTS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 6/12/2015 and assigned  
Florida document number LI5000102653.

This amendment is submitted to amend the following:

**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 abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

236 Via D'Este, Unit 1406

**(Principal office address MUST BE A STREET ADDRESS)**

Delray Beach, FL 33445

**Enter new mailing address, if applicable:**

236 Via D'Este, Unit 1406

**(Mailing address MAY BE A POST OFFICE BOX)**

Delray Beach, FL 33445

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Jarod Grob

New Registered Office Address:

236 Via D'Este, Unit 1406

*Enter Florida street address*

Delray Beach


*City*

Florida 334435

*Zip 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, 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>	<u>Type of Action</u>
MGR	Jarod Grob	236 Via D'Este, Unit 1406 Delray Beach, FL 33445	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mehmet Kaan Sert	236 Via D'Este, Unit 1406 Delray Beach, FL 33445	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Neal Grob		<input type="checkbox"/> Add
		138 Isle Verde Way Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2019 DEC 10  
4:06 PM  
Add  
Remove  
Change  
Add

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

FILED  
DEC 0 4 6:22

**E. Effective date, if other than the date of filing:** 12/7/2018 (optional)


(If an 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 7, 2018

  
Signature of a member or authorized representative of a member

JAROD GROB

Typed or printed name of signee