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	Requestor's Name)	
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PICK-UP	WAIT	MAIL
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	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
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COVER LETTER

Division of Ca	rporations			
EAST CO	AST SHADES, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are subt	nitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	SYNTHIA S SMITH			
		Name of Person	<u> </u>	
	EAST COAST SHADES,	LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	1695 E CENTRAL AVE			
		Address		高音型
	MERRITT ISLAND, FL 3	2952-5674		1. 10 kg
		City/State and Zip Code		المالية المالية
	sgodwin002@cfl.rr.com			194 G
		to be used for future annual report notifi	cation)	3 5
For further information	concerning this matter, please co	ıll:		*, *
SYNTHIA S SMITH		321 720-5145		
Name	of Person		Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

TO:

Registration Section

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

EAST COAST SHADES, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 06/23/2015	and assigned
Florida document number L15000108795		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADD</u>	<u>PRESS)</u>	<u> </u>
		T S Ref
		28 [
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		126
		127 47
		<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flor	ida
	City	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>	Type of Action
MGR	SMITH, SYNTHIA S	1695 E CENTRAL AVE	Add
		MERRITT ISLAND, FL 32952	□ Remove
			Change
MGR	JACK W SMITH	1695 E CENTRAL AVE	■ Add
		MERRITT ISLAND, FL 32952	Remove
			Change
			—————————————————————————————————————
			Change T
			Remove
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			D Add
			☐ Remove
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f amending any other information, enter change(s) here: (Attach additional sheets, if nec	•	1
		
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ffective date, if other than the date of filing: (option of the date of filing) (option of the date of filing) (option of the date of filing) (option of the date) (option	onal)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this	tiling.) Pursuant to 60 s date will not be lis	5.020 ted a
and the office of the same of the December 1		
ocument's effective date on the Department of State's records.		
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e record specifies a delayed effective date, but not an effective time, at 12:01 at The 90th day after the record is filed. ated Signature of a member or authorized representative of a member SMITH, SYNTHIA S	n en	ier o

Page 3 of 3

Filing Fee: \$25.00