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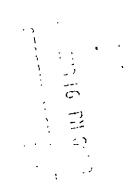
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8/25/21

COVER LETTER

	ation Section 1 of Corporations	
SUBJECT:	East W	ast metal structures LLC
	Name of Lim	ited Liability Company
The enclosed Arr	icles of Amendment and fee(s) are sub	mitted for filing.
Please return all	correspondence concerning this matter	to the following:
	Whitne	y Dan(4 Name of Person
	East (oast	metal Structures Luc Firm/Company
	<u> </u>	O Whitney Avenue Address
		City/State and Zip Code Ceast Coastmetals. net to be used for future annual report notification)
	Whitney E-mail address	de east washmetals. net to be used for future annual report notification)
For further inform	nation concerning this matter, please co	all:
_ Whit	Name of Person	at (SQ) 766-2579 Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
☑ \$25.00 Filing	g Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address: ration Section	Street Address: Registration Section
_	on of Corporations	Division of Corporations
	ox 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

East COUST (Name of the Limited L	MC+CO S+TUC+U iability Company as it now appea lorida Limited Liability Company)	irs on our records.)	PH or leading
The Articles of Organization for this Limited Liabil Florida document number <u>L\50002025</u>	ity Company were filed on _		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company h	ere:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
			
B. If amending the registered agent and/or regis agent and/or the new registered office address he		records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	·		
New Registered Office Address:	Enter Flo	orida street address	
-	City	, Florida	Zip Code
	City		mp 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
MOR	Whitney Allmon ->	Whitney Danca 600 whitney Ave.	□Add
	(married)	620 whitney Ave.	□Remove
		Lantana, FL. 33462	MChange
			□Add
			□Remove
			🗆 Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			□Change

. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	_
	
<u>. </u>	
Note: If the d	e, if other than the date of filing:
he record specif ord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	<u>8/10</u> , <u>acai</u> .
	Signature of a member or authorized representative of a member
	Daymon Allmon Typed or printed name of signee
	✓ Typed or printed name of signee