

L17000102286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

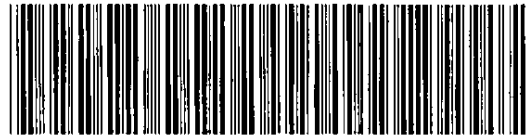
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700300338597

05/15/17--01021--004 ♦♦25.00

FILED  
2017 JUN 15 PM 2:18  
SECURITY DIV  
FBI ALABAMA

JUN 15 2017  
FBI ALABAMA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emerald Coast Custom Home Solutions LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael T Bell  
Name of Person  
Emerald Coast Custom Home Solutions  
Firm/Company  
449 Paradise Blvd.  
Address  
Panama City Beach, FL 32413  
City/State and Zip Code  
Michaeltray80@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Bell at ( 850 ) 812-2205  
Name of Person Area Code Daytime 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)      ☐ \$60.00 Filing Fee, Certificate of Status & 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  
2601 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

*Emerald Coast Custom Home Solutions 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 05/08/17 and assigned  
Florida document number L17000102286.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

*NA*

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:

(Principal office address MUST BE A STREET ADDRESS)

*449 Paradise Blvd*

*Panama City Beach*

*FL 32413*

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~*Michael Troy 800 609 6666*~~

*449 Paradise Blvd*

*Panama City Beach, FL 32413*

**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:

New Registered Office Address:

*449 Paradise Blvd*

Enter Florida street address

*Panama City Beach*

*Florida*

*32413*

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>	<u>Type of Action</u>
AMBR	Brad M. Sneeringer	14304 Millcole Ave #A	<input checked="" type="checkbox"/> Add
		P.O. Box 32413	<input 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
			<input type="checkbox"/> Add
			<input 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

2017 JUL 15 PM 2:48  
FILED  
CLERK OF COURT  
JULIA A. HARRIS  
CLERK OF COURT

[illegible]

**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.

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED  
2017 JUN 15 PM 2:18  
CLERK OF DISTRICT COURT  
TALLAHASSEE FLORIDA