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## **COVER LETTER**

Division of Corporations
SUBJECT: EMERALD COAST MAINTENANCE and Name of Limited Liability Company RESTURATION, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DANIEL ROBERTS Name of Person
EMERALD COAST MAINTENANCE Firm/Company
362 OLD FERRY DOCK ROAD
EAST POWT FL 32328  City/State and Zip Code
DANO 1981 8 847 @ GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (852) 559-0951  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$

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

EMERALD COA	ST MAINTENANCE A	MAD
( <u>Name of the Limited</u> ) (A	Liability Company as it new appears on our records.) Florida Limited Liability Company)  RESTO	RATION LLC 1017 and assigned
The Articles of Organization for this Limited Liab	ility Company were filed on <u>しいさり、2</u>	17 and assigned
Florida document number <u>L 17000 15</u>	<u> </u>	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	·····
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>ento</u> e address here:	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		mo 🚁
	Enter Florida street address	7: 2 108 108 108 108
-	, Florida,	>> 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>	Address	Type of Action		
MGR	TERRY L. NOWLING	687 WILDERNESS RO	to Add		
	·	687 WILDERNESS RO EAST POINT, FL 3:	232 <b>8</b> □ Remove		
			Change		
MGR	BRUCE R. ROTEUA	628 WILDERNESS			
		EAST POINT, FL 323	Remove		
			□ Change		
<del></del>			🖸 Add		
			Remove		
			Change		
			🗖 Add		
			D Remove		
			Change		
			🗆 Add		
			C Remove		
			Change		
			🗆 Add		
			□ Remove		
			☐ Change		

D. If amending any other information, enter change(s) here: (Attach additional sheets	, if necessary.)	
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 c	_ (optional)	<b>S</b>
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will not be lis	ted as the
·		
If the record specifies a delayed effective date, but not an effective time, at 1 (b) The 90th day after the record is filed.	2:01 a.m. on the earl	ier of:
Dated NOV. 14 , 2017.		
Dated NOV. 14 , 2017.		
Signature of a member or authorized representative of a membe	r	
DANIBL ROBERTS Typed or printed name of signee		

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Filing Fee: \$25.00