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•	COVER LETTER	
TO:	Registration Section Division of Corporations	•
	EMERALD COAST RV RENTALS LLC	
SUBJI	T:	
The en	sed Articles of Amendment and fee(s) are submitted for filing.	
Please	urn all correspondence concerning this matter to the following: 53/2.2	7/21-01025-010 *50
	John P. Doyle	¥ 50
	Name of Person	
	EMERALD COAST RV RENTALS LLC	
	Firm/Company	<del></del>
	2442 Stacey Drive	
	Address	<del></del>
	Panama City FL 32405	
	City/State and Zip Code	<del></del>
	john.doyle.6180@gmail.com  E-mail address: (to be used for future annual report notification)	_
Erre fire	r information concerning this matter, please call:	
John P	at ()	<u> </u>
	Name of Person Area Code Daytime Telephone Nun	iber
Enclos	is a check for the following amount:	
□ \$2	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status (additional copy is enclosed)	Filing Fee. Teate of Status & Ted Copy onal copy is enclosed)
	See document stamp - Application for Registration of 13	Huar Name (attached)
	Registration Section Division of Corporations Co. Box 6327  Fallahassee, FL 32314  Joha P. Dy (C. 1884)  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	e 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMERALD COAST RV RENTALS LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L18000057129	y were filed on June 6, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
EMERALD COAST HOME & RV RENTALS LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		OF A STATE OF STATE O
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	daZip Code
	C-1.1	2217

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =   AMBR =	Manager Authorized Member	J	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			🗆 Remove
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the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0.
is block does not meet the applicable statutory filing requirements, this date will not be listed
e Department of State's records.
ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
2021
Signature of a member or authorized representative of a member
Signature of a member of authorized representative of a member
: i

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Filing Fee: \$25.00