L18000122256

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	2.2	
<u>'</u>	<u>1</u>	

Office Use Only



100353701951

10/19/20 --01029--022 **60.66

R TVF TI



November 19, 2020

MICHELLE M BOWMAN EAST COAST FIRE AND SECURITY, LLC 5986 SAWGRASS POINT DRIVE PORT ORANGE, FL 32128

SUBJECT: EAST COAST FIRE AND SECURITY, LLC

Ref. Number: L18000122256

We have received your document for EAST COAST FIRE AND SECURITY, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young Regulatory Specialist II

Letter Number: 020A00023412

COVER LETTER

	Registration Sec Division of Corp			
eud nech	East Coast I	Fire and Security LLC	<i></i> ★ ·	
SUBJECT	·	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		Michelle M Bowman		
			Name of Person	
		East Coast Fire and Securi	ty, LLC	
			Firm/Company	
5986 Sawgrass Point Dr				
			Address	
		Port Orange, FL 32128		
			City/State and Zip Code	
		michelleb@eastcoastfire.co	m to be used for future annual report notifi	cation)
For further	r information co	oncerning this matter, please ca		
Michelle	Bowman		352 223-4338	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e following amount:		
□ \$25.00	0 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

East Coast Fire and Security LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on 05/21/2018 and assigne
lorida document number L18000122256	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liab	il <u>ity company here</u> :
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	5986 Sawgrass Point Dr
Principal office address MUST BE A STREET ADDRESS)	Port Orange, Fl 32128
nter new mailing address, if applicable:	5986 Sawgrass Point Dr
Mailing address MAY BE A POST OFFICE BOX)	Port Orange, Fl 32128
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new re</u> s
Name of New Registered Agent:	·····
New Registered Office Address:	Enter Florida street address
	, Florida 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Michelle Marie Bowman	5986 Sawgrass Point Dr. Port Orange, FL 32128	🗏 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
		□Remove	
			□Change
			□Add
			🗆 Remove
			□Change

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
F F86	ective 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 days after filing.) Pursuant to 605.0207 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
doc	ument's effective date on the Department of State's records.
If the re record is	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the stiled.
	13/4/55
Dat	ed 12/19/2000.

Filing Fee: \$25.00