

L18000 156434

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(Address)

(Address)

(City/State/Zip/Phone #)

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2020 JUL -1 PM 6:26

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMERALD Coast Security & Investigation Inc
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KARY Seminerio
Name of Person

EMERALD Coast Security & Investigation Inc.
Firm/Company

3300 Hampton Blvd.
Address

ALVA, FL 33920
City/State and Zip Code

Disp171@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARY Seminerio at (201) 240-1417
Name of Person Area Code Daytime Telephone Number
Giovanni Seminerio 201-359-7629

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

Emerald Coast Security & Investigation Inc
(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 06/26/2018 and assigned
Florida document number L18000156434

This amendment is submitted to amend the following:

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

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)

3300 Hampton Blvd
ALVA FL, 33920

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 50864
FT Myers, FL
33994

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:

KARY SEMINERIO

New Registered Office Address:

3300 Hampton Blvd

Enter Florida street address

ALVA

City

Florida

33920

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.

Kary Seminerio
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>
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MGR - President / owner.	Romanino Colandrea	4532 7th Ave NW	<input type="checkbox"/> Add
		Naples, FL 34119	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR owner	Kary Seminerio	3300 Hampton Blvd	<input checked="" type="checkbox"/> Add
		ALVA, FL 33920	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

AMBR	Giovanni Seminerio	3300 Hampton Blvd	<input checked="" type="checkbox"/> Add
		ALVA FL 33920	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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			<input type="checkbox"/> Add

			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: 07/01/2020 (optional)

(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 (3)(b)

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.

If the record 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 record is filed.

Dated June 25th, 2020

Romanio Candrea
Signature of a member or authorized

Signature of a member or authorized representative of a member

Romanino Glandrea

Typed or printed name of signee

Filing Fee: \$25.00