(Requ	iestor's Name)	
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## **COVER LETTER**

	Registration Se Division of Cor					
SUBJEC		oast Craftsment, Ilc				
SUBJEC	.1.	Name of Limi	ted Liability Company			
		Amendment and fee(s) are sub-				
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Brian Scobey				
		-	Name of Person			
		Emerald Coast Craftsmen,	lic			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			
		413 Deep Forest Ln				
			Address			
		Panama City Beach, FL 32	408			
		brianscobey@gmail.com	City/State and Zip Code		A	a.
		E-mail address: (0	to be used for future annual report i	notification)	9 001	7. ja 2: 4
For furth	er information o	concerning this matter, please co	all:		δ – λ	독립.
Brian Sc	obey		850 890-0482 at ( )			( ) ( ) ( ) ( )
	Name o	of Person		time Telephone Number	FH12: 46	STATE ORATION
Enclosed	is a check for t	he following amount:				<del>3</del> 5
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

MAILING ADDRESS:

TO:

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 Coast Craftsmen, Ilc		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 06/27/2018	and assigned
Florida document number L18000158071		
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 ADDRES	<u> </u>	
		00 00 PH
Enter new mailing address, if applicable:		222
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		क सेंब्रिट
		72: ESTA
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		nter the name of the nev
registered agent and/or the new registered office address	s nere.	<u>ن</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	Address	Type of Action
MGR	Zachary T Scobey	413 Deep Forest Ln, Panama City Beach, FL 32408	
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	10/06/2019
(If an e Note:	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Sin W. Soll
	Signature of a member or authorized representative of a member
	(/

Page 3 of 3

Filing Fee: \$25.00