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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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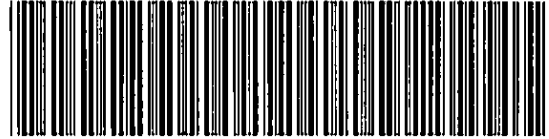
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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Amend

NOV 04 2019

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Emerald Coast Craftsmen, llc
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:

Brian Scobey

Name of Person

Emerald Coast Craftsmen, Inc.

Firm/Company

413 Deep Forest Ln

Address

Panama City Beach, FL 32408

City/State and Zip Code

brianscobey@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Scobey	850	890-0482
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Emerald Coast Craftsmen, Inc

Page 1 of 3

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>
MGR	Zachary T Scobey	413 Deep Forest Ln, Panama City Beach, FL 32408	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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E. Effective date, if other than the date of filing: _____ (optional)

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.

(b) The 90th day after the record is filed.

Brian W. Guly
Signature of a member or authorized representative of a member

Typed or printed name of signee