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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: EQS	tern Coastal	Tree LLC ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	William R	Carothers T	Jr	
	Eastern	Coastal Tree Firm/Company	LLC 5	<u></u>
	1811 I	ndian Woods	Dr	点 声
	Neptu	ne Beach, FL City/State and Zip Code	32266	T 7 25
	E-mail address: (to be used for future annual report notifi	ication)	
For further information con	cerning this matter, please ca	all:		
William Name of F	Carothers	at (904) (096) 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 Sta Certified Copy (additional copy is er	itus &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Eastern</u> (<u>Name of the Limited Lia</u> (A Flo	bility Company as it orida Limited Liability	now appears on our Company)	records.)		
The Articles of Organization for this Limited Liability	_ ;	filed on	12018	and assign	ied
This amendment is submitted to amend the following	<u>;</u> :				
A. If amending name, enter the new name of the l	limited liability co	ompany here:			
The new name must be distinguishable and contain the words "	Limited Liability Con	npany," the designation	n "LLC" or the abbrevi	ation "L.L.C	• ••
Enter new principal offices address, if applicable:				<u> </u>	1
(<u>Principal office address MUST BE A STREET AD</u>	ODRESS)		, 	(1)	
				77	コ
Enter new mailing address, if applicable:			<u>.</u> .	<u>ب</u> 2	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			0	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ddress on our ro	ecords, enter the	name of	the new
Name of New Registered Agent:	Willian	n R. Car	rothers.	TR_	
New Registered Office Address:	1811 Iv	Aidin Wo			
	Neptune	e Bch	_, Florida E	322 p Code	<u> </u>

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
AMBR	Zachery S. Allen	6204 Rosinent D.	X Add
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•	Mar remains as William R Carothers
-	Mgr remains as William R. Carothers Tadding Zachery S. Allen as Authorized Member
	adding zachery J. Allen as
-	Authorized Member
_	
•	
-	
•	
•	
an et lote:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier ϵ 90th day after the record is filed.
ated	December 3, 2018
	Signature of a member or authorized representative of a member
	- William R. Carothers, Jr

Page 3 of 3

Filing Fee: \$25.00