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COVER LETTER

Division of Corporations Emerald Coast Fire Door Inspections, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Mark P Stuart, Sr. Name of Person Emerald Coast Fire Door Inspections, LLC Firm/Company 4376 Forest Court Address Pace, FL 32571 City/State and Zip Code contact@emcoastfdi.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mabel Stuart 850 368-0888 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is englosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2664 Executive Center Circle Tallahassee, FL 32301 SECRETARY OF STATION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Umited)	iny as it now appears on our records, Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000134298</u> .	were filed on 5/17/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited I jabi	lity Company," the designation "L1 C"	or the abbreviation "L.L.C."
Enter new principal offices addres s, if applicable:	4376 Forest Court	
(Principal office address MUST BE A STREET ADDRESS)	Pace, FL 32571	
Enter new mailing address, if applicable:	4376 Forest Court	P. CON ST. CO.
(Mailing address MAY BE A POST OFFICE BOX)	Pace, FL 32571	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	ffice address on our records, ec: Enter Florida street address	enter the name of the hew?
	, Flor	ida
	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, <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
Owner	Mark P Stuart, Sr.	4376 Forest Court Pace, FL 32571	<u></u>
			□ Remove
			☐ Change
			☐ Add
			□ Remove
			Change
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	6/1/2019
Effective date, if other than	the date of filing: (optional)
Note: If the date inserted in thi	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) is block does not meet the applicable statutory filing requirements, this date will not be listed as the c Department of State's records.
the record specifies a dela) The 90th day after the i	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: record is filed.
Dated August 12	2019
	MIN A
	Signature of a member or authorized representative of a member
Mabel M	Stuint
	Typed or printed name of signee

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Filing Fee: \$25.00