

L19000175775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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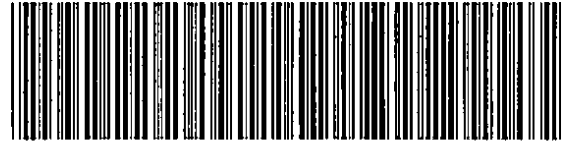
(Business Entity Name)

(Document Number)

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2013 AUG -2 P 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 1 1 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EAST COAST PROPERTY PARTNERS 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:

John Pellicone

Name of Person

EAST COAST PROPERTY PARTNERS LLC

Firm/Company

6426 Apache Blvd

Address

Loxahatchee, FL 33470

City/State and Zip Code

aqualitybushog@comcast.net

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

For further information concerning this matter, please call:

Naomi Pellicone

Naomi Pellicone

561 333-7777

at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

EAST COAST PROPERTY PARTNERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 AUG -2 P 4 02

The Articles of Organization for this Limited Liability Company were filed on 07/08/2019

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida document number L19000175775

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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>	<u>Address</u>	<u>Type of Action</u>
Mgr	John J Pellicone Living Trust	6426 Apache Blvd	<input checked="" type="checkbox"/> Add
		Loxahatchee, FL 33470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Naomi B Pellicone Living Trust	6426 Apache Blvd	<input checked="" type="checkbox"/> Add
		Loxahatchee, FL 33470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	John J Pellicone	6426 Apache Blvd	<input type="checkbox"/> Add
		Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Noami Pellicone	6426 Apache Blvd	<input type="checkbox"/> Add
		Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated July, 22 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee