

L19 000 229 563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

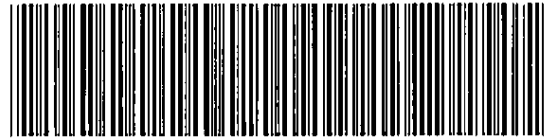
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Emerald Beach Construction 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:

Keant Allen

Name of Person

Emerald Beach Construction LLC

Firm/Company

2319 S HWY 77 UNIT 395

Address

Lynn Haven FL 32444

City/State and Zip Code

keant2@gmail.com

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

For further information concerning this matter, please call:

Keant Allen

850 896-4403
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Emerald Beach Construction LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/20/2019 and assigned
Florida document number L19000229563.

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)

2319 S Hwy 77 Unit 395

Lynn Haven FL 32444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 18171

Panama City Beach FL 32417

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:

KA Holding LLC

New Registered Office Address:

2319 S Hwy 77 Unit 395

Enter Florida street address

Lynn Haven

City

Florida 32444

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 | Arizmendi, Ricardo | 810 J R Arnold Ct | <input type="checkbox"/> Add |
| | | PANAMA CITY BEACH FL 32407 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Allen, Keant | 810 J R Arnold Ct | <input type="checkbox"/> Add |
| | | Panama City Beach FL 32407 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| Trustee | Arizmendi, Ricardo | 2319 S Hwy 77 Unit 395 | <input checked="" type="checkbox"/> Add |
| | | Lynn Haven FL 32444 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Trustee | ALLEN, KEANT | 2319 S Hwy 77 Unit 395 | <input checked="" type="checkbox"/> Add |
| | | Lynn Haven FL 32444 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

100

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 12th, 2023

Signature of a member or authorized representative of a member

Keant Allen

Typed or printed name of signee

Filing Fee: \$25.00