L19000244741

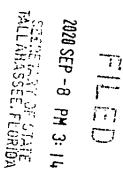
(December 1, News)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor				
Emerald C	oast Floors & More, LLC	•		
SUBJECT:	Name of Lin	ited Liability Company	<u>·</u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Debra Lacy			
		Name of Person		
	Emerald Coast Floors & M	fore, LLC		7.0
		Firm/Company		ASS TO
	1528 Royal Palm Drive			17 1 L PH 3: 14 2028 SEP -8 PH 3: 14 TALLAHASSEE, FLORID
		Address		7
	Niceville, Florida 32578			FE0. 13:
		City/State and Zip Code		平
	EmeraldCoastFAM@gmail			
		to be used for future annual report not	tification)	
For further information c	oncerning this matter, please c	an:		
Debra Lacy		850 687-5248 at ()		
Name o	of Person		ne Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Addres Registration S		Street Address: Registration Se	ection	
Division of C		Division of Co		

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	ited Liability Comp: (A Florida Limited	any as it now appears on or Liability Company)	ır records.)
The Articles of Organization for this Limited Florida document number L19000244741	Liability Company	were filed on 9/27/2019	9 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
Emerald Coast Floors & More, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	no change	2020 FAL
		-	SEI SEI
			ASS
Enter new mailing address, if applicable:			ENG P IT
(Mailing address MAY BE A POST OFFICE	E BOX)	no change	70 70
			Ä
B. If amending the registered agent and/or		address on our record	s, enter the name of the new registe
agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	no change		
Name of New Registered Agent.	 		
New Registered Office Address:	no change	Enter Florida str	
		emer e tortau sire	
		Florida	
		City	Florida Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		

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 Authorizes 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>	Name	Address	Type of Action
 ,			□Add
			☐ Change
		.	□Add
			2020 SEP Change
			DZO SEP -8 PM 3: FLORILLA Remove
		 	□Change
		 	□Add
			□ Remove
			□Change
			_ _ _ _ _ _ _ _ \
		<u>.</u>	□Remove
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			Remove
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ective date, if other than the neffective date is listed, the date must	date of filing: October 1, 202		(optional)	
te: If the date inserted in this blo	ock does not meet the applicab	date of fitting or more than 90 le statutory filing requiren	days after filing.) Pursuant to 60 nents, this date will not be lis	ted
cument's effective date on the De	partment of State's records.			
cord specifies a delayed effective	date, but not an effective time	e, at 12:01 a.m. on the earl	lier of: (b) The 90th day aft	er tl
s filed.			,	
September 3	2020			
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Filing Fee: \$25.00