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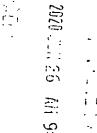
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Amend

JUN 29 7070 I ALBRITTON

COVER LETTER

Division of Corp	orations		
subject: <u>East</u>	Coast Fabrica	ATION SUD TELIVER ited Liability Company	y ue
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon-	dence concerning this matter	to the following:	
	Hepibeero		Deli 110
	eusi uusi	FABRICATION AND .	willery CC.
		Dominica TERRA Address	
	Strap I	1000A 34997	
	- iaux, 17	ORIDA 34997 City/State and Zip Code CAST ecast Fab . ne 7. to be used for future annual report notif	
	heritero a e	Pastecast lab. net.	
	h-mail address: (to be used for future annual report notif	ication)
For further information con Heaibearo	ncerning this matter, please c		3555.
Name of 1	Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Cupy (additional copy is enclosed)
NI		Steamt Addresses	

TO:

Registration Section

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

East Coast Taboleation a.	NO DElivery U.C.
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company	were filed on JANUARY 7, 2020 and assigned
Florida document number <u>L20 0000 13 749</u> .	3
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 Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3199 SE Dominica Teas.
(Principal office address MUST BE A STREET ADDRESS)	Studer, FLORIDA 34997
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	300 SE Dominica Rer. Studer, Florida 34997
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Chy Ehp Code
I hereby accept the appointment as registered agent and agr	ee 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
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