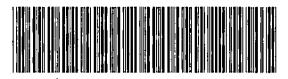
L20000110460

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400353236624

10/15/20--01021--012 **30.00



LH. 11/18/20

COVER LETTER

TO:

Registration Section

Division of Corporations	•
SUBJECT: East Coast Finan	cial of Central Florida, LLC
The enclosed Articles of Amendment and fee(s) are sub-	
,	·
	Name of Person
East Coast	Financial of Central Florida, LLC
10413 Wine	lexmere chase Blval
	City/State and Zip Code
Kristin (E-mail address: (i	DecFoFcF. com to be used for future annual report notification)
For further information concerning this matter, please ca	att:
Bruce Gentilella Name of Person	at (32) 299-493 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
2-325-00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

East Coast Financial OF Central Florida, 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 Compar	ny were filed on _	10-12-2020	_ and assigned
Florida document number L2DDDD11D46D			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			Se 202
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		,	OI T
			P []
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our	records, enter the name	ယ္ of the new registered
nger and the received writer and easy nere.			
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	Enter Florida street address		
	Ciţy		Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>ıt:</u>		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance o s provided for in	f my duties, and I am far Chapter 605, F.S. Or, if	niliar with and this document is

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</u> or <u>removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael Gentilella, Financial Lduisor	10413 Windermere Cha Blvd Gotha Fi 347	ise Badd
	Financial		□Remove
	·		□Change
			□Add
			□Remove
			□ Change
			□Add
			🗀 Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Changa

). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Meuse add Michael
	Gentilella to East Coast Financial
	OF Central Florida LLC. 95 a
	OF Central Florida, LLC. 95 a Signing Officer For this agency.
-	
-	
-	
-	
•	
•	
·	
•	
(If an ef Note:	tive date, if other than the date of filing: 10.12.2020 (optional) Sective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the record cord is fi	rd 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 led.
Dated	10-12 2020
	Signature of a member or authorized representative of a member
	Bruce Gentiella Typed or printed name of signee

Filing Fee: \$25.00