120000230321

(F	Requestor's Name)	
(A	address)	
(A	ddress)	<u>.</u>
(C	city/State/Zip/Phone #	<u> </u>
PICK-UP	☐ WAIT	MAIL
(B	dusiness Entity Name)
(D	Ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Tallahassee, FL 32314

	egistration Se vivision of Cor			
end neva		HOUSE, LLC		
SUBJECT		Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	irn all correspo	ondence concerning this matter	to the following:	
		Richard Hayes		
			Name of Person	
		COQUINA HOUSE, LLC		
			Firm/Company	
		3500 Salt Marsh Circle		
			Address	
		W. Melbourne, Florida 32	904	
			City/State and Zip Code	
		E-mail address: (to be used for future annual re	port notification)
For further	information co	oncerning this matter, please c	all:	
Richard H	ayes		21 /	
	Name o	f Person	at () Area Code	Daytime Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address egistration S		Street Add	ress: on Section
	ivision of C		-	of Corporations
Р.	O. Box 632	7	The Cent	re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COQUINA HOUSE, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited	Liability Company	were filed on <u>07/31/2020</u>	and assigned	
lorida document number L20000230321	,			
his amendment is submitted to amend the fo	llowing:			
If amending name, enter the new name	of the limited liab	oility company here:		
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."	
nter new principal offices address, if applicable:		3500 Salt Marsh Circle		
Principal office address MUST BE A STRE	ET ADDRESS)	W. Melbourne, Florida 32904		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		3500 Salt Marsh Circle W. Melbourne, Florida 32904		
. If amending the registered agent and/or gent and/or the new registered office addr		address on our records, <u>enter the nar</u>	ne of the new regist	
Name of New Registered Agent:	Richard Hayes			
New Registered Office Address:	3500 Salt Mars		~ ~	
		Enter Florida street address	. 08	
	W. Melbourne	Florida <u>3</u>	2904 · · · · · · · · · · · · · · · · · · ·	
		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>	Address	Type of Action
MGR	ESO Equity Group, LLC	150 Cocoa Isles Blvd., #202	□Add
		Cocoa Beach, Florida 32931	
			□ Change
MGR	Richard Hayes	3500 Salt Marsh Circle	≣ Add
		W. Melbourne, Florida 32940	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			🗀 Add
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			□Add
			□Remove
			∏C'hanga

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Signature of a member of authorized representative of a member	ted February 8	2021	·		
Signature of a member of authorized representative of a member	(I)	11			
		7/			

Filing Fee: \$25.00