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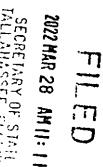
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J HORNE	
	APR - 8 2022	

Office Use Only



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COVER LETTER

TO:

TO: Registration So Division of Cor		•	
SUBJECT:E	east Coast Prof	City Managenus	+321 L.L.C
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	J	Once Gibson Name of Person	
	East Coast	Porty Mar	ragement 321 LLC
	907 E	Spanola Way Address	
	Melhou	City/State and Zip Code	
	Onee E-mail address: (to be used for future annual report notif	Carron (Com
For further information of	oncerning this matter, please c	all:	
Janee C	Gn. DSO n	at (<u>434</u>) <u>242</u> Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee,		The Centre of T	allahassee e Street, Suite 810
rananassee,	1 レンムン 14	Z#1J IN. IVIOIIIO	, Street, Suite 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on __O / / / / 2 O Z 1_ and assigned Florida document number <u>L21000025959</u> 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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>	Name	Address	Type of Action
MGR	Jance Gibson	1620 POCK AVE	XAdd
		Melbourne Fl	
		32901	
AMBR	Zaydia Gibson	1620 Park Ave	
		Melbourne FL	□Remove
		32901	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗀 Add
			□Remove
		·····	□Change
			□Add
			⊡Remove
			□Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
Note: If th	late, if other than the date of filing:
e record spo d is filed.	seifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3-18 2022.
-	Signature of a member or authorized representative of a member
	Quentin Walker Typed or printed name of signce

Filing Fee: \$25.00