## L21000199674

| (                    | 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:      |
|                      |                         |
|                      |                         |
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Office Use Only



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## **COVER LETTER**

| TO:        | Registration Sec<br>Division of Corp |   | ٤.   | •   |          |                       |
|------------|--------------------------------------|---|--|---|----------|-----------------------|
| SUBJE      | ct: East C                           | Oast Process S                                | CYVQVS<br>ited Liability Company                                 |   |          |                       |
|            |                                      |   |  |   |          |                       |
| The end    | losed Articles of A                  | Amendment and fee(s) are sub-                 | mitted for filing.   |   |          |                       |
| Please t   | eturn all correspon                  | dence concerning this matter                  | to the following:  |   |          |                       |
|            |                                      |   | Smith Name of Person   |   |          |                       |
|            |                                      | <u>East Wast</u>                              | Process Servers L  | LC  |          |                       |
|            |                                      | 691 Wintergr                                  | GECN AWL Address   |   |          |                       |
|            |                                      | Malabur Fi                                    | 33450  |   |          |                       |
|            |                                      |   | OUSSEYVELSE VALUE TO be used for future annual report hotif      | how.com   | 2021 OCT |                       |
| For fur    | her information co                   | ncerning this matter, please ca               | all:   |   | <u>.</u> | · · -                 |
| <u>ائل</u> | nifer Sm<br>Name of                  | ith<br>Person                                 | at (321) 890-(<br>Area Code Daytime                              | 2311 Telephone Number   | PK 5: 10 | ر م<br>ر م<br>الايدري |
| Enclose    | ed is a check for the                | e following amount:                           |  |   |          |                       |
| □ \$2:     | 5.00 Filing Fee                      | \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fe<br>Certificate of St<br>Certified Copy<br>(additional copy is c | atus &   |                       |
|            |                                      |   | 0  |   |          |                       |

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 Proass S<br>(Name of the Limited Liability<br>(A Florida  | eyvers, LLC  ty Company as it now appears on our records.)  Limited Liability Company) |
|--|--|
| The Articles of Organization for this Limited Liability C<br>Florida document number <u>L21000199674</u>   | Company were filed on 4-29-21 and assigned   |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limi  | ited liability company here:   |
| The new name must be distinguishable and contain the words "Lim  | ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."            |
| Enter new principal offices address, if applicable:  |  |
| (Principal office address MUST BE A STREET ADDR  | RESS)  |
|  |  |
|  |  |
| Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |
|  |  |
|  | $\Gamma_{i} = 0$   |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, <u>enter the name of the new registere</u>            |
| Name of New Registered Agent;  |  |
| New Registered Office Address:   |  |
|  | Enter Florida street address   |
|  | , Florida  |
|  | 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 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                       |
|--------------|----------------|----------------------|--------------------------------------|
| Arnbr        | Jennifer Smith | 1611 Wintergreen Are | /Z/Add                               |
|              |                | Makabar FL 32950     | □Remove                              |
|              |                |                      | □Change                              |
| AMBR         | Emily Smith    | 691 Wintergreen Are  | [VAdd                                |
|              | i e            | Malabar FL 32950     |                                      |
|              |                |                      | Change                               |
| MGR          | Jennifer Smith | 691 Wintergreen Are  | Z\Add                                |
|              |                | WILL TO 276 EN       |                                      |
|              |                |                      | ☐ ☐ Change                           |
|              |                |                      | □Add                                 |
|              |                |                      | 70                                   |
|              |                |                      | Bemove Bemove Benefit Control Change |
|              |                |                      | □Add                                 |
|              |                |                      | □Remove                              |
|              |                |                      | □Change                              |
|              |                |                      | □Add                                 |
|              |                |                      | Remove                               |
|              |                |                      | □Change                              |

|  | ·   | *****                                      |  | •              |                      |                    |
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|  |   |  |  |  |                      |                    |
| Effective date, if other if an effective date is listed Note: If the date insert | l, the date must be specificed in this block does r | c and cannot be pric<br>not meet the appli | or to date of filing of<br>icable statutory fi | (op<br>more than 90 days aft<br>ling requirements, t | tional)              | 0 605.00 to listed |
| lote: If the date insert   | ed in this block does rate on the Department        | not meet the appli                         | icable statutory fi                            | ling requirements, the                               | his date will not be | e listed a         |
| record specifies a dela  | iyed effective date, but                            | l not an effective                         | time, at 12:01 a.r                             | n. on the earlier of:                                | (b) The 90th day     | after the          |
|  | Der 29.   | 2021                                       | <u></u> .                                      |  |                      |                    |
| Dated <u>Septem</u>  | <u> </u>  |  |  |  |                      |                    |
| Dated <u>Septem</u>  | Signature   | of a member or aut                         | KUCh<br>horized representat                    | ive of a member                                      |                      | _                  |

Filing Fee: \$25.00