10/12/21, 10:12 AM

Division of Corporations



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To:

Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EVENTFULLY YOURS EMERALD COAST LLC**

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OCT 13 2021

S. PRATHER

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Help

TO:

Registration Section

COVER LETTER

Division of C	Corporations		
EVENT	FULLY YOURS EMERALD CO	AST LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	5-71-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	·
	Glendale, CA 91203		
		City/State and Zip Code	
	eventfullyyoursec@icloud.s	com to be used for future annual report no	lification)
For further information	o concerning this matter, please ea	·	,
Cheyenne Moseley		800 773-0868	
Nam	e of Person	at () Area Code Daytir	ne Telephone Number
			•
Enclosed is a check for	r the following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Regi	ILING ADDRESS: stration Section sion of Cornorations	STREET/COUR Registration Section Division of Council	on

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

LegalZoom.com, Inc.

From: Janet Koh

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U	r	ILI SSE SSE
EVENTFULLY YOURS EMERALD COAST LLC	ED PH	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) aability Company)	4 3: 2 STATE LORIC
The Articles of Organization for this Limited Liability Company	were filed on 09/20/2021	and assigned
Florida document number 1.21000413686		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi		haviation 'ST I C' ''
The new name must be distinguishable and contain the words "Limited Liabi		oreviation L.E.C.
Enter new principal offices address, if applicable:	530 Risen Star Dr.	
(Principal office address MUST BE A STREET ADDRESS)	Crestview, Florida 32539	
Enter new mailing address, if applicable:	530 Risen Star Dr.	
(Mailing address MAY BE A POST OFFICE BOX)	Crestview, Florida 32539	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u> e:	the name of the new
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

Title	<u>Name</u>	Address	Type of Action
AMBR	Sharon M McHugh		
			_ □ Remove
		530 Risen Star Dr. Crestview, Florida 32539	■ Change
AMBR	Pia F Calderon Valdes		
			□ Remove
		530 Risen Star Dr. Crestview, Florida 32539	■ Change
			
			☐ Remove
	<u></u>		
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change
			☐ Remove
			(T) Change

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D. If amending a	ny other information, ente	er change(s) here: (Attach addition	al sheets, if necessary.)	
				
				
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				 -
(If an effective date <u>Note:</u> If the dat		e and cannot be prior to date of filing or more tot meet the applicable statutory filing r		
	ecifies a delayed effective ay after the record is file	re date, but not an effective tin ed.	ne, at 12:01 a.m. on the e	arlier of:
Dated 00	fober 1	, 2021	TALLAHASSI	2021 OCT
	Mrs C	. •		

Janet Koh

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00