

L23000026080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

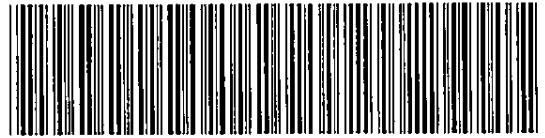
(Business Entity Name)

(Document Number)

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2023 FEB 15 AM 9:55

ALLAHASSEE, FL

2023 FEB 15 AM 9:57

ALLAHASSEE, FL

A. DUTLER
FEB 15 2023

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Emerald Coast Home Remodeling LLC
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

we return all correspondence concerning this matter to the following:

Joshua Levi Sanchez
Name of Person

Emerald Coast Home Remodeling LLC
Firm/Company

620 N Beal Pkwy
Address

Fort Walton Beach FL 32548
City/State and Zip Code

administration@850home remodeling.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Sanchez at (850) 533-5333
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

Emerald Coast Home Remodeling LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 FEB 15 AM 9:57

Articles of Organization for this Limited Liability Company were filed on January 12, 2023 and assigned
document number 223000026080.

An amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

or new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

or new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

Zip Code

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
visions 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

Appending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

MR = Manager

AMBR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	<u>Joshua L Sanchez</u>	<u>21 Bayshore Dr, Shalimar</u>	<input type="checkbox"/> Add
		<u>FL, 32579</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	<u>Bryan E Sanchez</u>	<u>400 Joellen Ln, Fort Walton</u>	<input checked="" type="checkbox"/> Add
		<u>Beach, FL, 32547</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	<u>Joan N Sanchez</u>	<u>21 Bayshore Dr, Shalimar</u>	<input checked="" type="checkbox"/> Add
		<u>FL, 32579</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	<u>Alejandro Padilla</u>	<u>16 Berwick St, Shalimar</u>	<input checked="" type="checkbox"/> Add
		<u>FL, 32579</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

record 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 record is filed.


Signature of a member or authorized representative of a member

Joshua L Sanchez
Typed or printed name of signee

Filing Fee: \$25.00