

L230000168297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

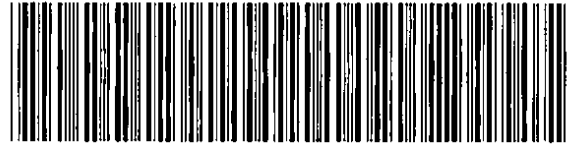
(Business Entity Name)

(Document Number)

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09/01/23--01013--024 **25.00

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CAG AP/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: East Cost Distributors LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Brian Smith

Name of Person

East Coast Distributors LLC

Firm/Company

6300 NE 1st Avenue Suite 200

Address

Fort Lauderdale, FL 33334

City/State and Zip Code

bdh@roschman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Hampson

954 776-7900
at ()

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

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Brian Smith	6300 NE 1st Ave	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33334	<input type="checkbox"/> Change
MGR	Robert J Roschman	6300 NE 1st Ave	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, FL 33334	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: August 30, 2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the 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.

Dated August 30, 2023

Signature of a member or authorized representative of a member

Brian Smith

Typed or printed name of signee

Filing Fee: \$25.00