## L23000197137

	Requestor's Name)
	Address)
	Address)
	City/State/Zip/Phone #)
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(	Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: <u>E</u> m	rerald Cor Name of Lim	ited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lauren M n	Name of Person	
		Firm/Company	
	610 IPTI	Ranch Road	
	Ft. Walks	City/State and Zip Code	547
	mclendez 1 E-mail address: (	to be used for future annual report Arti	fication)
For further information c	oncerning this matter, please ca	tll:	
Grea Osl	S alt f Person	at (850) 654 Area Code Daytim	- 9054 e Telephone Number
Enclosed is a check for the	ne following amount:		
<b>№</b> \$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 TC.

(A Florida Limited I	ny as it now appears on our records.)  Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>2300019713</u> .	were filed on $4-20-23$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	7/10
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	10.20
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	
	. <u> </u>
	~
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

## 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.

City

Zip Code

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
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			🗀 Change
			□Add
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			□ Add
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			□ Change
<del></del>		<del></del>	🗀 Add
			□ Remove
			Change
			□Add
			□ Remove
			□Change

f amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
F:	ctitious Name
<del>-,</del>	ctitious Name Emerald Coast TC
<del></del>	
<del></del>	
an effective di <u>Cote:</u> If the c	te, if other than the date of filing:
record speci Lis filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	10.18 . 2024.
	Lauren Melendey Signature of a inember of authorized representative of a member
	Lauren Melendez Typed or printed name of signce