L23000213728

(Re	equestor's Name)	
(Ad	ldress)	
(Ār	idress)	
(/10	101033)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	siness Entity Name	
(Bu	isiness Entity Name	=)
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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07/14/23--01018--008 **60.00

COVER LETTER -

	Registration Se Division of Cor			
		Vaterproofing & Repairs, L.L.C	2.	
SUBJECT:Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please retu	am all correspo	ondence concerning this matter	to the following:	
		Rebecca M. Lemons		
			Name of Person	
		Eastcoast Waterproofing &	& Repairs, L.L.C.	
			Firm/Company	. 5
		110 S. Virginia Ave.		. '
			Address	÷.
		Deland, Florida 32724		
			City/State and Zip Code	
		rblair0546@gmail.com		
For further	r information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)
Rebecca N	4. Lemons		386 479-9085	
	Name o	f Person		ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.00	0 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)
	Tailing Addres		Street Address:	action
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

s, L.L.C.		
ited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)
Liability Company	y were filed on 06/	01/2023 and assigned
lowing:		
of the limited lial	bility company he	<u>re</u> :
words "Limited Liab	ility Company," the de	esignation "LLC" or the abbreviation "L.L.C."
cable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
		
	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		:-
	· · · · · · · · · · · · · · · · · · ·	.: -
	address on our re	ecords, enter the name of the new register
nt: Rebecca M. Lemons		
110 S. Virginia	a Ave.	
	Enter Flor	ida street address
Deland		, Florida 32724 Zip Code
	City	Zip Code
	ited Liability Company (A Florida Limited Liability Company Liability Company lowing: of the limited liab words "Limited Liab icable: ET ADDRESS) registered office ess here: Rebecca M. Le 110 S. Virginia	ited Liability Company as it now appear (A Florida Limited Liability Company) Liability Company were filed on 06/ lowing: of the limited liability company he words "Limited Liability Company," the de cable: N/A ET ADDRESS) N/A Series address on our reless here: Rebecca M. Lemons 110 S. Virginia Ave. Enter Florida Deland

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 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>	Address	Type of Action
MGR	Travis S. Lemons	110 S. Virginia Ave., Deland. Fl 32724	■Add
			□Remove
			□Add
			□Remove
			□Change
			□^dd :
			Remove
			☐ Change
			□ ⊀āā
			Remove
			Change
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			□Change
			□Add
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			Chann

COS TO TO T		
Changing Travis S. Len	nons from Assistant Manager to Manager	
	· · · · · · · · · · · · · · · · · · ·	
		
<u></u>		,
	7/8/2023	
Effective date, if other that fan effective date is listed, the da	n the date of filing: te must be specific and cannot be prior to date of filing or n	oore than 90 days after filing.) Pursuant to 605.020
Note: If the date inserted in t	his block does not meet the applicable statutory filing the Department of State's records.	ng requirements, this date will not be listed a
	Tective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
e record specifies a delayed ef rd is filed.		

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	aterproofing & Repairs, L.L.C	·	
SUBJECT:	Name of Lim		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Rebecca M. Lemons		
		Name of Person	
	Eastcoast Waterproofing &	Repairs, L.L.C.	
		Firm/Company	
	110 S. Virginia Ave.		
		Address	
	Deland, Florida 32724		
		City/State and Zip Code	. 3
	rblair0546@gmail.com		· · · · · · · · · · · · · · · · · · ·
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no	tification)
Rebecca M. Lemons	,	386 479-9085	
Name of Person Area Code Daytime Telepho		me Telephone Number	
Enclosed is a check for the	he 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		Street Address: Registration S	ection
Division of Corporations		Division of Co	orporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 2415 N. Mont	Tallahassee oc Street, Suite 810
rananasce,		2713 11. MOM	

Tallahassee, FL 32303