L23000264519

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COVER LETTER

	gistration Serision of Co				
end ie <i>c</i> r.		AST DISCSEEL, LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Eric Bjerke			
			Name of Person		
		East Coast DiscSeel, LLC			
			Firm/Company	-	
		801 SE 6th Avenue. Ste 1	02	. 2 <u>1</u>	
			Address		
		Delray Beach, FL 33483			
			City/State and Zip Code	· o	
		Eric@freedomchiroandreha		· · · · · · · · · · · · · · · · · · ·	
For further in	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)	
Eric Bjerke			386 307-0740	ļi; •	
_	Name o	f Person		e Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25,00 F	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)	
	iling Addres		Street Address:	ation	
Registration Section Division of Corporations		Registration Se Division of Cor			
P.O. Box 6327		The Centre of T	•		
Tal	lahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAST COAST DISCSEEL, LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company wer	re filed on 05-31-2023 and assigned
Florida document number L23000264519	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
_	
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	ress on our records, <u>enter the name of the new registere</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.

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>	Type of Action
MGR	Carolyn Lawrence	801 SE 6TH AVENUE, STE 102, DELRAY BEACE	I. □Add
		DELRAY BEACH, FL 33483	≡ Remove
			🗆 Change
			□Add
			□Remove
			Change
			_ □Add □Add
		<u> </u>	ORemove
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			_ 🗆 Change
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