

L24000233785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

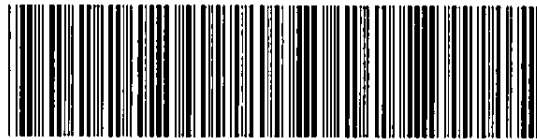
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000435861300

09/03/24--01035--003 \*\*25.00

RECEIVED  
STATE  
CLERK  
SEP 3 2024  
PM 3:07  
TALLAHASSEE, FL

A. HUNT  
09/03/24

8/28/24

Cover Letter

1 post coast consultants LLC

FLA DOC # L24000233785

EIN# 99-3282409

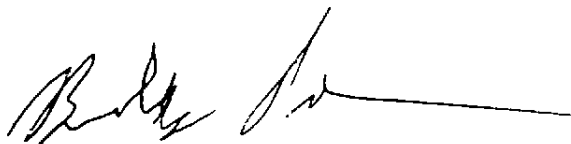
3343 Port Royale Dr S. A705

Fort Lauderdale FL 33308

561-526-3331

Monopolyloan@gmail.com

Bradley Pickett



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** I East Coast Constants 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:

Bradley Pecker

Name of Person

Firm/Company

3343 Port Royal Dr S A 705

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

monopolyloan@gmail.com

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

For further information concerning this matter, please call:

Bradley Pecker

561

at (

526-3331

Area Code

Daytime Telephone Number

Name of Person

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**

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

The Articles of Organization for this Limited Liability Company were filed on may 20 2024 and assigned  
Florida document number L24000233785.

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 Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(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 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*

Florida

*City*

*Zip Code*

**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>             | <u>Type of Action</u>                   |
|--------------|----------------|----------------------------|-----------------------------------------|
| Mgr          | Bradley Pecker | 3343 Port Royale Dr S A705 | <input checked="" type="checkbox"/> Add |
|              |                | Fort Lauderdale, FL 33308  | <input type="checkbox"/> Remove         |
|              |                |                            | <input type="checkbox"/> Change         |
| Amber        | David Lanker   | 3343 Port Royale Dr S A705 | <input checked="" type="checkbox"/> Add |
|              |                | Fort Lauderdale, FL 33308  | <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         |
|              |                |                            | <input type="checkbox"/> Add            |
|              |                |                            | <input type="checkbox"/> Remove         |
|              |                |                            | <input type="checkbox"/> Change         |
|              |                |                            | <input type="checkbox"/> Add            |
|              |                |                            | <input type="checkbox"/> Remove         |
|              |                |                            | <input type="checkbox"/> Change         |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I'm adding Bradley Pecker as  
a Mgr To my LLC

and I'm also adding David Lanier as  
a member to my LLC

If you have any questions or  
concerns call me at 561-526-3331

Thank you

Bradley Pecker

RECEIVED  
JUL 13 2024  
11:30 AM  
STATE  
OF FLORIDA

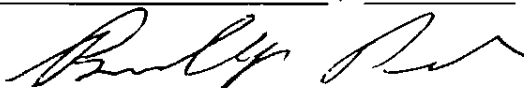
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 27 day of August, 2024



Signature of a member or authorized representative of a member

Bradley Pecker

Typed or printed name of signee