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COVER LETTER

SUBJECT:	Fasy Coasta	d Living LLC		
SUBJECT		Name of Lim	ited Liability Company	
		Edwin M Smith Jr		
			Name of Person	
		Easy Coastal Living LLC	Name of Limited Liability Company thent and fee(s) are submitted for filing. Concerning this matter to the following: In M Smith Jr Name of Person Coastal Living LLC Firm/Company Bay Tree Drive Address Address Address Address Address: City/State and Zip Code Coastalliving@gmail.com E-mail address: (to be used for future annual report notification) g this matter, please call: at (850) 517-5102 Area Code Daytime Telephone Number Fing amount: 0.00 Filing Fee & \$60.00 Filing Fee.	
		es of Amendment and fee(s) are submitted for filing. Trespondence concerning this matter to the following: Edwin M Smith Jr Name of Person Easy Coastal Living LLC Firm/Company 92 Bay Tree Drive Address Miramar Beach FL 32550 City/State and Zip Code easycoastalliving@gmail.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: at (
		92 Bay Tree Drive		
			Address	
		Miramar Beach FL 32550		
			•	
				fication)
For further in	nformation co			neuron)
Edwin M Si			850 517-5102	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	iling Address		Street Address: Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

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

Easy Coastal Living LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	y were filed on September 25, 2024	and assigned
orida document number 1.24000418329		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
Edwin M Smith Jr LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		~
Principal office address MUST BE A STREET ADDRESS)		
The tipe war co. 11001 22 11011201 1120		
		<u> </u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		`` -
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of the new regi
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 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
			□Add
			Remove
			□Add
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ective date, if other than the c	late of filing:		(optional)	
n effective date is listed, the date must	be specific and cannot be pri-	or to date of filing or more	than 90 days after filing.) Pursua	nt to 605.0207
te: If the date inserted in this blo cument's effective date on the De			equitements, this date will not	t oc fisicu as
ecord specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th o	lay after the
is filed.				
October 31	2024			
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ted				
ted COM	112/0	<u> </u>		
ted	Signature of a member or aut	horized representative of	a member	
ted	Signature of a member or aut	horized representative of	a member	

COVER LETTER

TO:

Registration Section
Division of Corporations

	istal Living LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Edwin M Smith Jr		
		Name of Person	
	Fasy Coastal Living LLC		
		Firm/Company	
	92 Bay Tree Drive		
		Address	
	Miramar Beach F1. 32550		
		City/State and Zip Code	
	easycoastalliving@gmail.c		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Edwin M Smith Jr		850 517-5102 at ()	
Name	e of Person	Area Code Daytin	ne 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)
P.O. Box 63	i Section Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fasy Coastal Living LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on September 25, 2024 and assigned
Florida document number 1.24000418329	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
Edwin M Smith Jr LLC	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
r	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered	l office address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address , Florida

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 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
			□Add
			□ Remove
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			🗆 Add
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ctive date, if other than the	date of filing:		(optional)	
effective date is listed, the date must e: If the date inserted in this blo	be specific and cannot be price	or to date of filing or more	than 90 days after filing.) Purs	tuant to 605.024 not be listed :
ument's effective date on the De	partment of State's record	S.	oquitoments, and auto min	
cord specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90t	h day after th
filed.				
October 31	2024			
ed				
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		7		
	Signature of a member or aut	horized representative of	a member	