

L15 000119123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

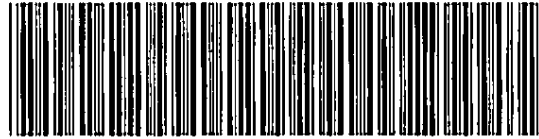
Special Instructions to Filing Officer:

JUL 22 2022

A. LUNT

no signature

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05/06/22--01020--013 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 JUL 22 AM 11:27



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2022

JUNE TOWNSEND
5698 W AMHERST CIRCLE
SATELLITE BEACH, FL 32937

SUBJECT: RIGHT COAST INSPECTIONS, LLC
Ref. Number: L15000119123

We have received your document for RIGHT COAST INSPECTIONS, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt
Regulatory Specialist III

Letter Number: 822A00014761

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Right Coast Inspections, LLC (Previous Name)
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:

June Townsend
Name of Person

Right Coast Carpentry, LLC (new name)
Firm/Company

569 W Amherst Circle
Address

Satellite Beach FL 32937
City/State and Zip Code

mastiff32@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

June Townsend at (263) 219-8795
Name of Person Area Code Daytime Telephone Number

Inclosed 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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 JUL 22 AM 11:27

Right Coast Inspections, LLC

(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 7/10/2015 and assigned Florida document number L15000119123.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Right Coast Carpentry, LLC

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)

3. 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

With 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

[illegible]

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

Business name change from Right Coast Inspections, LLC
to Right Coast Carpentry, LLC.

Thank you.

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

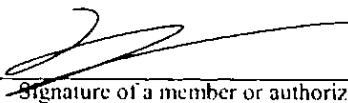
Effective date, if other than the date of filing: _____ (optional)

(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.

he 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
ord is filed.

Dated 7/15/2022



Signature of a member or authorized representative of a member

June H. Townsend

Typed or printed name of signee