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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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D CUSHING

COVER LETTER

TO: Registration Section Division of Corpo		•	
SUBJECT:	Lal Collabora Name of Limi	ative Family L	aw, LLC
The enclosed Articles of Ar	mendment and fee(s) are sub	nitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Coxly I'm	Name of Person	
	Coxistal Co	Haberative Family Firm/Company	y Law, LLC
	Do Box	190 Address	
	Terra Ceic	FL P4250 /City/State and Zip Code	2022 OCT
	Coly Cocomail address: (1	o be used for future annual report notifica	L. Com w
For further information con	cerning this matter, please co	ill:	FR ': ယူ
Cocly Iba	Stateary	at (<u>441</u>) <u>265 - 1</u> Area Code Daytime To	7720 . S
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)	☑ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Check Sent in Prior See letter #
Mailing Address: Registration Se Division of Co		Street Address: Registration Section Division of Corpo	on 032A00022183

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



2022 OCT 31 PM 12: 30

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2022

CODY IBASFALEAN, ESQUIRE COASTAL COLLABORATIVE FAMILY LAW PO BOX 190 TERRA CEIA, FL 34250

SUBJECT: COASTAL COLLABORATIVE FAMILY LAW, LLC

Ref. Number: L21000358808

We have received your document for COASTAL COLLABORATIVE FAMILY LAW, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You will need to file an amendment to change this to a Professional Limited Liability Company. File a name change and you must also give us a specific purpose for the entity.

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) 245-6050.

Letter Number: 022A00022183

Diane Cushing Senior Section Administrator

www.sunbiz.org

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Coastal Collaborat (Name of the Limited Liability Compar (A Florida Limited L	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21000358808</u>	were filed on $8/10/2021$ and assigned $8/10/2021$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi Coastal Collaborative Formula The new name must be distinguishable and contain the words "Limited Liability of the limited liability of the liability of th	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	\$ 3213 774 (1 Fast Palmetto, FL 34221
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 190 Terra (eig, FL 34250
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent: Cocky	Ibasolaleun
New Registered Office Address: 3213 7	7th Ct. Fast Enter Florida street address
palmet	City , Florida ZUPAL Zip Code
Now Dogistared 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>	Name	<u>Address</u>	Type of Action
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			Change
			□Add
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: If the date inserted	than the date of filing e date must be specific and in this block does not r on the Department of S	meet the app	licable statutory fil	nore than thing require	(opt 20 days afte ements, th	ional) r filing.) Pursuant to 605.0 is date will not be listed
ord specifies a delayed filed.	d effective date, but not	t an effective	e time, at 12:01 a.n	n. on the ea	arlier of: (b) The 90th day after
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