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(Re	questor's Name)			
(Address)				
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(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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T. CLINE

AUG 19 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2008

MIKE BUSH P.O. BOX 4161 ORMOND BEACH, FL 32175

SUBJECT: COASTAL CONTRACTORS, LLC

Ref. Number: L01000005491

We have received your document for COASTAL CONTRACTORS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 608.407, Florida Statutes, requires the document(s) to be signed by member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 808A00045406



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2008

MIKE BUSH P.O. BOX 4161 ORMOND BEACH, FL 32175

SUBJECT: COASTAL CONTRACTORS, LLC

Ref. Number: L01000005491

We have received your document for COASTAL CONTRACTORS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P07000002901.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 608A00036842

2000 AUG 18 PH 1: 54 SECHETARY OF STATE

Division of Comparations P.O. ROY 6327 Tollahassas Florida 32314

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Coq:	stal Contr (Name of Lim	actors LLC nited Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Mike	Bush (Name of Person)	
		(Name of Person)	
	Coastal	Contractors, LLC	
		(Firm/Company)	TS N
	P.O. Box	4161	
		(Address)	
	Ormand	(Firm/Company) 4/6/ (Address) Beach FL 32/7 (City/State and Zip Code)	SEEL PH
		(City/State and Zip Code)	
For further information cor	ncerning this matter, please c	all:	중심 유
Mike Bu	sh	at 386, 547-13	593
(Name of	Person)	(Area Code & Daytime Telep	
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	2\$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Contracto	ars LLC
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>LOIOOOO549</u>	were filed on $\frac{O4/O9/2001}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	
Coastal Electronics Sou	urce, LLC
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LECT" or the abbreviation
Enter new principal offices address, if applicable:	Same Total
(Principal office address MUST BE A STREET ADDRESS)	
Post of the second seco	11 52
Enter new mailing address, if applicable:	,
(Mailing address MAY BE A POST OFFICE BOX)	,
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
Name of New Registered Agent:) are (1
New Registered Office Address:	(Enter Florida street address)
	, , ,
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent;	
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	lete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is

(If Changing Registered Agent, Signature of New Registered Agent)

. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title <u>Name</u> **Address Type of Action** ☐ Add Remove ☐ Add Remove _ Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member

> Typed or printed name of signee Page 2 of 2

> > Filing Fee: \$25.00