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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-
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March 13, 2020

JASON HERMANN JASON HERMANN LLC 2591 NORTH COMANCHE POINT CRYSTAL RIVER, FL 34429

SUBJECT: JASON HERMANN, LLC

Ref. Number: L04000009092

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

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: 720A00005614

Susan Tallent Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

	Registration Se Division of Cor			. •
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SUBJEC	JASON HE T:	· · · · · · · · · · · · · · · · · · ·	•	
			nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		JASON HERMANN		
			Name of Person	<del>·</del>
		JASON HERMANN LLC		
			Firm/Company	
		2591 NORTH COMANC	HE POINT	
			Address	
		CRYSTAL RIVER, FL 3-	1429	
		<del> </del>	City/State and Zip Code	
		jhermann3006@yahoo.com		
			to be used for future annual report no	otification)
For furth	er information co	oncerning this matter, please co	all:	
JASON I	HERMANN		352 697 2812	
	Name of	Person	at () Area Code Dayti	ime Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	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

JASON HERMANN <sub>I</sub> LLC		
(Name of the Limited Liability Compa (A Florida Limited)	nv as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on 2/3/2004	and assigned
Florida document number L0400009992		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
COASTAL FLOORING SOLUTIONS L. L.C.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2591 NORTH COMANCHE POIN	<u>r                                    </u>
(Principal office address MUST BE A STREET ADDRESS)	CRYSTAL RIVER, FL 34429	020 MAI
		<b>X</b>
		26
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		= :
	<del> </del>	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registero
Name of New Registered Agent:		
New Registered Office Address:	<del> </del>	<del>_</del>
·	Enter Florida street address	
	, Florida	
	Cuy	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>	Name	Address	Type of Action
			□Add
			□Remove
		<del></del>	
	<del></del>		□Add
			□Remove
			Change
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			□Add
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			□Change
			□Add
			□Remove
			Channa.

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(If an effect <u>Note:</u> If	date, if other than the date of filing:    02/21/2020   (optional)
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	EBRUARY 21 2020
Dated	Jason Heuren
	Signature of a member or authorized representative of a member
	JASON HERMANN
	Typed or printed name of signee

Filing Fee: \$25.00