LD4 00000 909Z



	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



100430171681

2024 MAY 21 PH 2: 33 SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

Coastal Floor	ring Solutions LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	•	
	Jasen Hermann	Son Herron Name of Person	ignn
	Cogstal	Flooring Solu	tions LLC
		1. Comarche P	
	Crystal	RIWW FL	34429 LLC@gmaif.com
	Coastalfle E-mail address: (1	to be used for future annual report notif	LLC@ gmail: (om
For further information co	ncerning this matter, please ca	all:	
Jason Her Name of	MQNN Person	at (352) 697 Area Code Daytime	-2912 e 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)
Mailing Address Registration Se	ection	Street Address: Registration Sec	
Division of Co	rporations	Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cogstal Flooring (Name of the Limited Liability Comba (A Florida Limited L	Solutions LLC my as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number. L04000009092.	were filed on $2 - 03 - 2004$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab COGSTGI FLOOTING and I The new name must be distinguishable and contain the words "Limited Liabileters".	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2591 N. Comarche Pt Crystal River FL 34429
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2591 N Comarche Pt Crystal River FL 34429
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	2 2
New Registered Office Address:	Enter Florida street address FF 2: , Florida 5: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:
	Florida Torida Street adaress Torida

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.

-	
	·
	
fective	date, if other than the date of filing: (optional) ve 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 605.02
<u>te:</u> II cument	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.
is filed.	
ted	5-16-24 Ada Aurum Signature of a member or authorized representative of a member Jason Hermann
	Signature of a member or authorized representative of a member
	Jason Hermann Typed or printed name of signer

Filing Fee: \$25.00