

L 01000040918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

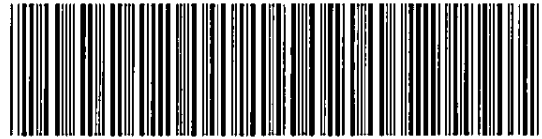
(Document Number)

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2024 JUN 29 AM 6:43  
FBI  
FBI  
FBI

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nature Coast Services

\_\_\_\_\_  
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:

George S Shultz Jr

\_\_\_\_\_  
Name of Person

Nature Coast Services

\_\_\_\_\_  
Firm/Company

2790 NW 60th Avenue

\_\_\_\_\_  
Address

Chiefland FL 32626

\_\_\_\_\_  
City/State and Zip Code

naturecoastbarnsl@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George S Shultz Jr

352 317-7897  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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 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

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	George Samuel Shultz III	2790 NW 60th Ave	<input type="checkbox"/> Add
		Chieftland FL 32626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	George S Shultz Jr	2790 NW 60th Ave	<input type="checkbox"/> Add
		Chieftland FL 32626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	George Samuel Shultz III	2790 NW 60th Ave	<input checked="" type="checkbox"/> Add
		Chieftland FL 32626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	George S Shultz Jr	2790 NW 60th Ave	<input checked="" type="checkbox"/> Add
		Chieftland FL 32626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Would like to change George Samuel Shultz III to AMBR

and Change George S Shultz Jr to MGR

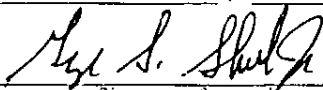
**E. Effective date, if other than the date of filing:** 06/24/2024 **(optional)**

(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.

If the 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 record is filed.

Dated 06/24/2024



Signature of a member or authorized representative of a member

George S Shultz Jr

Typed or printed name of signee

**Filing Fee: \$25.00**