L0900028548

(Requestor's Name)
(Requestors rame)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



12/01/21-01001-025 #25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	Cogstal Externer special thes, Name of Limited Liability Company	LLC
	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:



For further information concerning this matter, please call:

Matt Richardson at (850) 251-0969 Area Code Davime Telephone Number

Enclosed is a check for the following amount:

□ S25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

S55.00 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 A	MENDMENT
тс	
ARTICLES OF O	RGANIZATION
OF	
Coastal Exter	in Special ties, LLC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on 67 03 24 09 and assigned
Florida document number <u>L690000 28543</u>	
Plonda document humber	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20 3
(Principal office address MUST BE A STREET ADDRESS)	SE SE
	222 0

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	iress
		Florida
	City	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

.

•

.

.

Title	Name	Address	Type of Action
AMBR	Howell Williams	2454 Atlas Rd.	¥Add
		Tallahassee, FL 323	03 _{DRemove}
			□Change
AMBR	Danielle Richard	lon 7001 Buckskin R	el . X ada
		Tallahassee, Fr. 3	23 DA
			🗆 Change
			🖸 Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
			🗆 Add
			🖸 Remove
			Change
			OAdd
			Remove

	<u></u>					_
					<u>.</u>	—
<u></u>					_	
			,			
				····		
· · · · · · · · · · · · · · · · · · ·						
ective date, if other than the date fractive date is listed, the date must b		11/20	12.21		110	

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

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	11/30/21	
	Signature of a member or authorized representative of a member	
	Matthew Richardon	
•	Typed or printed name of signee	