

L09000029600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan NOV 15 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **First Coast Trim, 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:

**Alicia Bass**

Name of Person

**First Coast Trim LLC**

Firm/Company

**503 Thomas Ave**

Address

**Winter Haven, FL 33880**

City/State and Zip Code

**jcbacb22@yahoo.com**

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

For further information concerning this matter, please call:

**Alicia Bass**

Name of Person

at **863 875-4525**

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED

12 NOV 13 AM 10:08

First Coast Trim, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/26/2009 and assigned  
Florida document number L09000029600.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

First Coast Treasure, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

6039 Cypress Gardens Blvd

Suite 273

Winter Haven, FL 33884

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

503 Thomas Ave

Winter Haven, FL 33880

**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 address*

, 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 608, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGMR</u>	<u>Todd Sadoski</u>	<u>759 DIAMOND ACRES ROAD</u>	<input type="checkbox"/> Add
		<u>Davenport, FL 33837</u>	<input checked="" type="checkbox"/> Remove
<u>MGMR</u>	<u>Davey Sexton</u>	<u>1908 N. 20TH STREET</u>	<input type="checkbox"/> Add
		<u>Haines City, FL 33844</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

under manager/member details, please amend addresses for Alicia Bass and Jason Bass to 503 Thomas Ave, Winter Haven FL 33880

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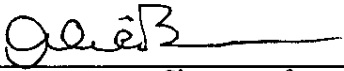
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Dated November 6th, 2012.



Signature of a member or authorized representative of a member

Alicia Bass

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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TALLAHASSEE, FLORIDA