## L10000072519

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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EXAMINER

## **COVER LETTER**

	stration Section sion of Corporations				
SUBJECT:	1st Co	ast Enterprise			
	Name of Lim	ited Liability Company	<del></del>		
The enclosed	Articles of Amendment and fee(s) are sui	bmitted for filing.			
Please return	all correspondence concerning this matter	r to the following:	•		
		Juan Brown Name of Person			
	Firm/Company				
		101 N 11th St			
		Address			
	Fe	Fernandina Bch Fl 32034  City/State and Zip Code			
	1stçoa E-mail address: (	astenterprises@gmail.com	fication)		
For further in	formation concerning this matter, please	call:			
	Juan Brown Name of Person	at ( <u><b>863</b></u> )	354-0977 ne Telephone Number		
Enclosed is a	check for the following amount:	·			
<b>☑</b> \$25.00 Fil	ing Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)		
	MAILING ADDRESS:	STREET/COUR			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1st Coast E (Name of the Limited Liability Compa (A Florida Limited I	Enterprise LLC  ny as it now appears on our records.)	
		and assigned
The Articles of Organization for this Limited Liability Company	were med on	and assigned
Florida document number <u>L10000072519</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	136 S Semoran Ave	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL 32807	
		SION N
·		AY I
Enter new mailing address, if applicable:		<b>8</b> 63 5
(Mailing address MAY BE A POST OFFICE BOX)	101 N 11th St	<b>2</b> 73 C C
	Fernandina Bch FL 32034	STA DRAA
		32 32
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ddress
<del>-:</del>	, Florida _	7. 6. 1
	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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amei	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	ry.)
. –			SELRETAR SIVISION OF
- -		·	CORPORATIONS  8 AM 19:32
Dated	May 17, 20	<u>«</u>	ONS
	Signature of a member	or authorized representative of a member	
	Typed	Juan Brown or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00