

L10000127990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

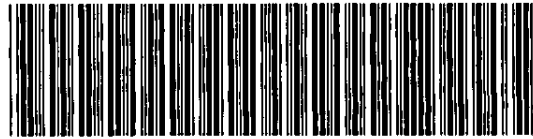
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan JUN 23 2014



**June 18, 2014**

**Florida Department of State  
Division of Corporations**

**Enclosed is a check for the total amount of \$25.00 filing fee to change our company address.**

**We've moved and effective May 1, 2014 the principal and mailing address for:**

**COASTAL DOOR & MILLWORK SERVICES, LLC is:  
1300 SW 10<sup>th</sup> Street  
Suite A5  
Delray Beach, FL 33444**

**Daytime Phone Number: (561) 266-3716**

**If you have any questions, please feel free to contact us via mail and/or calling to the above mentioned address and phone number.**

**Thank you,**

**Claudia Arboleda  
Bookkeeper**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coastal Door & Millwork Services, 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:

Travis J. Hatley

Name of Person

Coastal Door & Millwork Services, LLC

Firm/Company

1300 SW 10th Street, Suite A5

Address

Delray Beach, FL 33444

City/State and Zip Code

claudia@coastaldms.com

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

For further information concerning this matter, please call:

Claudia Arboleda

Name of Person

at 561 266-3716

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2014 JUN 23 PM 1: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Coastal Door & Millwork Services, LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 12/14/2010 and assigned Florida document number L10000127990.

This amendment is submitted to amend the following:

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

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)**

1300 SW 10th Street

Suite A5

Delray Beach, FL 33444

Enter new mailing address, if applicable:

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

1300 SW 10th Street

Suite A5

Delray Beach, FL 33444

**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:

1300 SW 10th Street, Suite A5

Enter Florida street address

Delray Beach

City

Florida 33444

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<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.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 17, 2014



Signature of a member or authorized representative of a member

**Travis J. Hatley, MGRM**

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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