## 11100011643

	l	
	Ī	(Requestor's Name)
	ļ	
Ï	İ	(Address)
1		
+	i	(Address)
		i i
	Ì	(City/State/Zip/Phone #)
		PICK-UP WAIT MAIL
	j	(Business Entity Name)
-		(Document Number)
Ce	rt	fied Copies Certificates of Status
S	ip	ecial Instructions to Filing Officer:
[	ľ	
:		
ļ		
		]
		Office Use Only
		Childe Ose Only



200310877192

03/26/18--01014--013 \*\*25.00

211 HAR 26 PH 2: 20

WAR 27 2019 J. HARRIS

## **COVER LETTER**

 TO: 	Registratio Division of		ons	,				
SUBJE		Boselli, L.L		ited Liability Company				
The en-	closed Article	s of Amen	dment and fee(s) are sub	mitted for filing.				
Please	return all corr	espondene	concerning this matter	to the following:				
		W	Illiam R. Moseley					
				Name of Person				
		la	ckson Lewis, P.C.					
				Firm/Company				
		5(	1 Riverside Avenue, Su					
				Address				
		Ja —	eksonville, FL 32202	-				
		Wi	   liam.Moseley@jackson	City/State and Zip Code lewis.com				
				to be used for future annual report notif	fication)			
For fu	rther informati	ion concert	ning this matter, please c	all:				
Willia	ım R. Moseley	7		904 638-2653 at ()				
	Ne	ame of Perso	n	Area Code Daytim	e Telephone Number			
'I I	sed is a check	for the foll	oving amount:					
<b>S</b> 2	25.00 Filing Fe	re 🖸	\$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)			
	Ri Di P.	egistration	E <mark>drp</mark> orations 2 <b>7</b>	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

Wiles Boselli, LLC	<del></del>
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
man to the Committee of	pany were filed on January 27, 2011 and assigned
	pany were fried on and assigned
Plorida document number 1, 1000011643	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	I liability company here:
Right Coast Strategies, LLC	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
   Principal office address MUST BE A STREET ADDRES	
	307 D D D D D D D D D D D D D D D D D D D
	ABS: 20
	mc. m
Inter new mailing address, if applicable:	1) 13 (Marie Land Land Land Land Land Land Land Land
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres  Name of New Registered Agent:  New Registered Office Address:	red office address on our records, <u>enter the name of the ness here</u> :
New Registered Office Address.	Enter Florida street address
	, Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com	nd agree to act in this capacity. I further agree to comply with the appete performance of my duties, and I am familiar with and not as provided for in Chapter 605. F.S. Or, if this document is office address. I hereby confirm that the limited liability
ī	If Changing Registered Agent, Signature of New Registered Agent

lf amendin	g Authorized Pe	rson(s) authorized to m	anage, <u>enter the title, name, a</u>	nd address of each person being adde
MGR = N	from our recor lanager			
AMBR = / <u>Fitle</u>	Authorized Mem <u>Name</u>	ber	<u>Address</u>	Type of Action
	<del></del>		<u>—</u>	
		<u></u>		
				Remove
				Change
<u> </u>				
		! !		Remove
				Change
				□ Add
				Remove
				☐ Change
				DAdd
				Remove
				<u>&gt; o</u> □ <b>a</b> nge
_		<u> </u>		
		1		SSE Common Property Common Pro
				Barry Dange
				Add
				□ Remove
1				Change

					Charles I I I I I I I I	Juliante il novorco	a. I		
)   	). If am	ending any other	r information, ento	er change(s) nere:	(мнасп ааангона	ıl sheets, if necessar	<i>y.)</i>		
									-
			:   						-
			<u> </u>		<del> </del>				-
									-
				<del></del>					-
			1	<u> </u>			<del></del> -		-
		<del></del>	<del>.</del>		<u> </u>			•	-
									_
									_
									-
									-
	i								-
				<u>.</u>					<del>-</del>
	Lattance	effective date is listed	r than the date of the date must be specif	ic and cannot be prior t	to date of filing or more	(optional than 90 days after filin	g.) Pursua	nt to 60	5.0207 (3)(b)
	Note	: If the date inserte	ed in this block does ite on the Departmen	not meet the applica	ible statutory filing r	equirements, this dat	e will not	t be lis	ted as the
	f the re	ecord specifies le 90th day afte	a delayed effecti er the record is fi	ve date, but not led.	an effective tin	ne, at 12:01 a.m	. on the	e earl	ier of:
		March 23	i	2018			FALI	2813	
	Date	d/	112	_·			CAHA CARA	HAN	
ļ			Signature	of a member or autho	rized representative of	a member	<u> </u>	2 <del>6</del>	
		William R.	Moseley		danna africa a		F STATE	PH 2:	Emmi.
				Typed or printe	d name of signee		IDA A	<b>13</b>	
				Page	3 of 3				

Filing Fee: \$25.00