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(Re	questor's Name)	
·		
(Add	dress)	
— (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	Certificates	s of Status
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COVER LETTER

	egistration So ivision of Cor		·	
SUBJECT		IDA COAST PAINTING LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
				•
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		JERRY JONES		
			Name of Person	
		NW FLORIDA COAST P.	AINTING LI C	
			Firm/Company	
		3026 RIVER RD		
			Address	
		NAVARRE FL 32566	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further	information c	concerning this matter, please co	all:	·
JERRY JO	ONES		850 496-5475	
	Name o	of Person	Area Code Daytime	: Telephone Number
.				
		he following amount:		
LI \$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		STREET/COURI Registration Section		
	Divisio	on of Corporations ox 6327	Division of Corpor Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 ATT 28 FM 9: 56

NW FLORIDA COAST PAINTING 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 Comp	pany were filed on 06/11	/2011	and assigned
Florida document number L11000063789			
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 contain the words "Limited I	Liability Company," the desi	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	here:		
	Enter Florida	a street address	
	City	, Florida	- Zin Coda
New Registered Agent's Signature, if changing Registered Ag			zφ coue
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this cap lete performance of m as provided for in Cha	y duties, and I am far apter 605, F.S. Or, if	miliar with and "this document is
īf	 Changing Registered Agen	t. Signature of New Regi	stered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	WILLIAM WHITING	683 NAUTILAS CT UNIT 209 FT WALTON BEACH FL 32548	
			□ Change
MBR	DONNIE RAY JOHNSON	117 WINDHAM AVE FT WALTON BEACH FL 32548	Add
			□ Remove
			Change
			Remove
			Change
<u>. </u>			
			☐ Remove
			Change
		☐ Remove	
		☐ Change	
		🗖 Add	
			☐ Remove
			Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
	·
	<u> </u>
(If an e Note:	08/26/2019 tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 2 90th day after the record is filed.
Dated	AUGUST 26 2019
	Signature of a member or authorized representative of a member
	IERRY IONES

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee