

# L11000088627

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000305620370

11/15/17--01015--005 \*\*25.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 NOV 16 AM 6:40

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COASTAL REFINISHING 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:

RANDALL L. FRALEY

Name of Person

COASTAL REFINISHING LLC

Firm/Company

9790 BOB WHITE WAY

Address

PENSACOLA, FL 32514

City/State and Zip Code

mcb6055@gmail.com

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

For further information concerning this matter, please call:

RANDALL L. FRALEY

850 418-2956  
at ( )

Name of Person

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**

COASTAL REFINISHING LLC

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 NOV 16 AM 6:40

The Articles of Organization for this Limited Liability Company were filed on 08/02/2011 and assigned  
Florida document number L11000088627

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 Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable: 9790 BOB WHITE WAY, PENSACOLA, FL 32514  
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 9790 BOB WHITE WAY, PENSACOLA, FL 32514  
(Mailing address MAY BE A POST OFFICE BOX)

**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: RANDALL L. FRALEY

New Registered Office Address: 9790 BOB WHITE WAY  
*Enter Florida street address*

PENSACOLA, Florida 32514  
*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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	GREENWOOD, CAROL		<input type="checkbox"/> Add
		6055 SONGBIRD DRIVE, PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FRALEY, RANDALL L.		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		9790 BOB WHITE WAY, PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Change
MGR	VINTON, JUSTIN W.	415 BARKER STREET, PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 NOV 16 AM 6:40

E. Effective date, if other than the date of filing: 11/07/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 07 NOVEMBER 2017

Robert L. Foddy  
Signature of a member or authorized representative of a member

RANDALL L. FRALEY

Typed or printed name of signee