

L11000091222

(Requestor's Name)

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TALLAHASSEE, FLORIDA

JUL -5 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coast 2 Coast Contracting 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:

Amy Romain
Name of Person

Coast 2 Coast Contracting LLC
Firm/Company

368 NW Harris Lake Dr
Address

Lake City, FL 32055
City/State and Zip Code

romainken@yahoo.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Amy Romain at (954) 681-1982
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

Coast 2 Coast Contracting 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 8/8/11 and assigned
Florida document number L11000091222.

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)

368 NW Harris Lake Dr
Lake City, FL 32055

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

368 NW Harris Lake Dr
Lake City, FL 32055

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:

Amy Romain

New Registered Office Address:

368 NW Harris Lake Dr
Enter Florida street address

Lake City, Florida 32055
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.

x Amy Romain
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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kenneth Romain 4/22/81	429 NW 47 th Ave Deerfield Beach, FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Erin Romain	429 NW 47 th Ave Deerfield Beach, FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Amy Romain	368 NW Harris Lake Dr Lake City, FL 32055	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 5/17, 2013.



Signature of a member or authorized representative of a member

Erin Romain
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA