# L11000112183

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SECRETARY OF STATE TALL AHASSEE, FLORIDA

JUL - 1 2014

T. BROWN

# COVER LETTER

TO:

**Registration Section** 

**Division of Corporations** 

SUBJECT

# WEST COAST FINANCIAL, 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:

## RONNIE J. BITMAN, ESQUIRE

Name of Person

## PEARSON BITMAN LLP

Firm/Company

# 485 N. KELLER ROAD, SUITE 401

Address

MAITLAND, FL 32751

City/State and Zip Code

## rbitman@pearsonbitman.com

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

For further information concerning this matter, please call:

RONNIE J. BITMAN, ESQ.

407,647-0090

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)

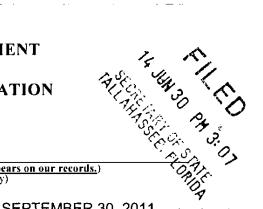
#### MAILING ADDRESS:

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



### WEST COAST FINANCIAL, 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 I	Liability Company were filed o	n SET PENDER( 30, 2011 and assigned
Florida document number L11000112183	•	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compar	ny 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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
		_
	0	s 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:	485 N. KELLER ROA	D, SUITE 401
	Ente	r Florida street address
	MAITLAND	Florida 32751
	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 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 = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			<del></del>
			□ Add
			Remove
			Remove
			□ Add
			☐ Remove
			□ Add
			Remove

_	
The effect	e date, if other than the date of filing:
Dated	Jun 25, 2019.
	Joe Bor
	Signature of a member or authorized representative of a member
	Dennie I Ditaren Francisco established accompany to the
	Ronnie J. Bitman, Esquire, authorized representative

Page 3 of 3

Filing Fee: \$25.00