

L12000066137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

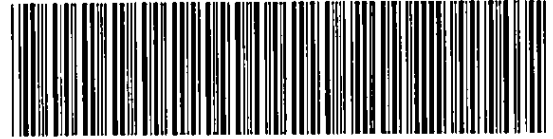
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/30/23--01025--006 **35.00

FILED
2023 JUL -8 AM 10:04
CLERK OF SUPERIOR COURT
STATE OF FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2023

SVETLANA GARDASHNIK
EVER COASTAL LLC
308 PIERCE STREET, APT #3
HOLLYWOOD, FL 33019 US

SUBJECT: EVER COASTAL LLC
Ref. Number: L12000066137

We have received your document for EVER COASTAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 023A00011193

2023 JUN -3 AM 10:04
STATE
OFFICE

Rec'd
June 8, 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ever Coastal 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:

Svetlana Gardashnik
Name of Person
Ever Coastal LLC
Firm/Company
308 Pierce St., APT. #3
Address
Hollywood, FL
City/State and Zip Code
evercoastal@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Svetlana Gardashnik at 786 661-9986
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JUN -8 AM 10:04
STATE
CORP

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ever Coastal 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 _____ and assigned
Florida document number _____.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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>
MGR	Mark Gardashnik	308 pierce St. Suite #1 Hollywood, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2023 JUL -3 AM 10:04
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FBI

[illegible]

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.

Dated 5/23/23
S. Gerd
 Signature of a member or authorized representative of a member
SUETLANA GARDASHNIK
 Typed or printed name of signer

Filing Fee: \$25.00