

213000084382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

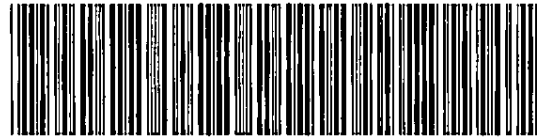
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100320304531

11/05/16--01003--010 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 NOV -5 AM 9:51

FILED

Y SULKER

NOV 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Customs & Restoration, 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:

Michael McCollum

Name of Person

Coastal Customs & Restoration, LLC

Firm/Company

223 Black Creek Boulevard

Address

Freeport, FL 32439

City/State and Zip Code

service@ccr4x4.com

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

For further information concerning this matter, please call:

Michael McCollum

\$50

\$80-6644

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

RECEIVED
DIVISION OF CORPORATIONS
NOV 5 2010

2010 NOV -5 AM 9:51

FILED

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

Coastal Customs & Restoration, 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 June 11, 2013 and assigned
Florida document number L13000084382.

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:

Michael S McCollum

New Registered Office Address:

31 Sea Myrtle Way

Enter Florida street address

Santa Rosa Beach

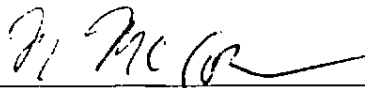
Florida 32459

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

RECEIVED
CLERK OF STATE
JAN 14 2014

2013 NOV -5 AM 9:51

FILED

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>
MGRM	Henry A Carl	848 Mallet Bayou Road	<input type="checkbox"/> Add
		Freeport, FL 32439	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Michael S McCollum	31 Sea Myrtle Way	<input checked="" type="checkbox"/> Add
		Santa Rosa Beach, FL 32459	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 NOV -5 AM 9:51

FILED

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

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 November 11 2018

Signature

Signature of a member or authorized representative of a member

Henry A Carl

Typed or printed name of signee

STATE
DEPT
WASHINGTON
D.C.

2018 NOV -5 AM 9:51

二二二