

#L/4000003448

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(Business Entity Name)

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2014 FEB -3 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
FEB 7 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Coastal Clean & Care 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:

MERUYERT ABDIKARIMOVA  
Name of Person

COASTAL CLEAN & CARE LLC  
Firm/Company

1912 ISABELLA AVE  
Address

Panama City, FL, 32405  
City/State and Zip Code

CLEANANDCARELLC@gmail.com OR  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adilet MuratBEROV at 850 252 3518  
Name of Person Area Code Daytime Telephone Number

VSEON2BEACH@BKR.V

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 Clean & Care LLC

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

FILED  
2014 FEB -3 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/07/2014 and assigned  
Florida document number L14000003448

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COASTAL CLEAN & CARE LLC

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)

1912 Isabella ave,  
PANAMA City, FL, 32405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13800 Panama City Beach,  
Parkway Unit D106  
#244 Panama City Beach,  
FL, 32408

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:

MERUYERT ABDIKARIMOVA

New Registered Office Address:

1912 ISABELLA AVE

Enter Florida street address

Panama City

City

Florida

32405

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.

[Signature]  
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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MERUYERT ABDIKARIMOVA	1912 ISABELLA AVE Panama City, FL, 32405	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Adilet MURATBEKOV	93 DUNE LAKES CIRCLE X G308, Santa Rosa Beach Florida, 32459	<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

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 01/30/2014, \_\_\_\_\_



Signature of a member or authorized representative of a member

NERUYERT ABDIKARIMOVA

Typed or printed name of signee