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OCT 2 4 2019 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor			,
SUBJE	DIVISION	9 CONTRACTING COMPAN	NY LLC	
		Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		NICHOLAS FANELLA		
			Name of Person	
		NR FANELLA & CO.		
			Firm/Company	
		434 TANGLEWOOD DR		
			Address	
		FORT WALTON BEACH	FL 32547	
		NFANELLA@COX.NET	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furt	ther information c	oncerning this matter, please co	all:	
NICHO	DLAS R FANELL	.A	850 862-7131	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 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

DIVISION 9 CONTRACTING COMPANY LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{02}{2}$ Florida document number $\frac{L14000026365}{L14000026365}$.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
COASTAL ELITE ROOFING LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "LLC" or the abbreviation LL.C."
Enter new principal offices address, if applicable:	8 n
(Principal office address MUST BE A STREET ADDRESS)	2 T
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	, 0
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flori	ida street address

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.

City

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> IGNACIO GAVENDA	Address 327 LEAH MILLER DE	Type of Action
AMBR			∃ Add
		FORT WALTON BEACH FL 32548	□ Remove
			☐ Change
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an effe iot <u>e:</u>	ve date, if other than the date of filing:
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated [OCTOBER 1, 2019
aicd .	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00