L14000196955

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ... OF

Coastal Plastering & Repair, LLC					
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L	iability Company	were filed on 12/31/2014	a	nd assi	gned
Florida document number L14000196955	•				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation "LLC" or the	he abbrevia	tion "L.L	C."
Enter new principal offices address, if applic	able:	Coastal Plastering & Repair, LLC			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		119 Guy Strickland Rd			
		Crawfordville, Florida 32327			
Enter new mailing address, if applicable:		Coastal Plastering & Repair, LLC	250 200 200	1023 JUL	77
Mailing address MAY BE A POST OFFICE	BOX)	119 Guy Strickland Rd	17 5. 12 1.	2	
		Crawfordville, Florida 32327	15.5 15.5 15.5 15.5 15.5 15.5 15.5 15.5	70	П
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B. If amending the registered agent and/or a agent and/or the new registered office addre		address on our records, <u>enter the i</u>	name of t	h <u>e new</u>	registere
Name of New Registered Agent:					
New Registered Office Address:	119 Guy Strick	land Rd			
		Enter Florida street address	·- — —		
	Crawfordville	, Florida			·
		City	Zų	o 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.

COVER LETTER

TO:

	Registration Sec Division of Corp			
		stering & Repair, LLC		
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Neal Turlington		
			Name of Person	
		Coastal Plastering & Repa	ir, LLC	
			Firm/Company	
		119 Guy Strickland Rd		
			Address	
		Crawfordville, Florida 323	27	
			City/State and Zip Code	
		coastalplastering@centuryl		: E 1 \
Pro- Combo	i 6		to be used for future annual report no	uncauon)
ror turine	r information c	oncerning this matter, please c		
Robert T	urlington		850 320-2119 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 Addres Registration S		Street Address: Registration S	ection
	Division of C		Division of Co	orporations
]	P.O. Box 632	27	The Centre of	
•	Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Plastering & Repair, LLC					
(Name of the Limited (A	Liability Compa Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liab lorida document number L14000196955	oility Company	were filed on 12/31/2014	and assigned		
his amendment is submitted to amend the follow	ring:				
. If amending name, enter the new name of t	he limited liab	ility company here:			
e new name must be distinguishable and contain the wor	ds "Limited Liabi		he abbreviation "L.L.C."		
nter new principal offices address, if applicat	le:	Coastal Plastering & Repair, LLC			
rincipal office address MUST BE A STREET	ADDRESS)	119 Guy Strickland Rd			
		Crawfordville, Florida 32327			
nter new mailing address, if applicable:		Coastal Plastering & Repair, LLC	F J J UL S G 1 J UL		
Mailing address MAY BE A POST OFFICE BO	0X)	119 Guy Strickland Rd	24 T		
		Crawfordville, Florida 32327	SSS P		
			To in		
3. If amending the registered agent and/or reg	istered office	address on our records, enter the	name of the new regist		
gent and/or the new registered office address	<u>here</u> :				
Name of New Registered Agent:					
New Registered Office Address:	119 Guy Strick		 		
		Enter Florida street address			
	Crawfordville		a 32327		
		City	7in 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remove	od from our records:
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

Feetive date, if other than the date of filing: (aptional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 Steel I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Steel July 18 2023	AD	PESS	CHA	Not	FOR	30	SINE	<u> </u>			
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Signature of a member of authorized representative of a member	July	18			20	23					
	ited				,	-/					
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Robert Turlington	_			Nignature:	of amore	erar author	and renew	entative of a	member		
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Filing Fee: \$25.00