L15000001661

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COVER LETTER

TO: Registration Section

Division of Corporations

SOUTH COAST CONSTRUCTION & RESTORATION LLC

SUBJECT:

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:

MARCO REIS

Name of Person

USA TAX CORP

Firm/Company

591 E SAMPLE RD

Address

POMPANO BEACH FL 33064

City/State and Zip Code

USATAX@USATAXFL.COM

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

For further information concerning this matter, please call:

MARCO REIS

954₇₈₈₋₁₈₁₈

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIONS JUL 31 PM 1: 52

OF

SECRETARY OF STATE TALLAMASSER, FLORIDA SOUTH COAST CONSTRUCTION & 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 Cor	mpany were filed on 01/13/2015	and assigned
Florida document number L15000007661	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
	America de la completa del la completa de la completa del la completa de la completa del la completa de la completa de la completa del la completa de la completa del la completa d	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		er the name of the new
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 608, 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.

MGR = Manager MGRM = Managing Member				
<u>itle</u>	<u>Name</u>	Address <u>T</u>	vpe of Action	
/JGR	LELIA R FARIAS	591 E SAMPLE RD SUITE 94	Add	
		POMPANO BEACH FL 33064	Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
		- <u></u> -	Remove	
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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ed	,	
	Signature of a member or authorized representative of a member	
	REGINALDO TEIXEIRA	
	Typed or printed name of signes	

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