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DEPARTMENT OF STATE

SEP - 6 2018 S. PRATHER

COVER LETTER

Coast2Coast Emergnecy Management 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: Abbey Hull Name of Person Coast2Coast Emergency Management LLC Firm/Company 401 East Jackson Street Address Tampa, Florida 33602 City/State and Zip Code hull@c2cem.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 288-7593 Abbey Hull Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Coast2Coast Emergnecy Management Limit	ted Liability Company	SE F
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records, nited Liability Company)	P-6
The Articles of Organization for this Limited Liability Com	pany were filed on 03/02/2015	and assigned
Florida document number L15000038147		1:41 2:09 3:09 3:09 3:09
This amendment is submitted to amend the following:		1
A. If amending name, enter the new name of the limited	liability company here:	
Coast2Coast Emergency Management Limited Liability Co	ompany	
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 ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
training data con 1911 BETT 1 001 011 102 pont		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Fnter Florida street address	
	, Flor	rida
	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

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>	Type of Action
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fan effecti <u>Sote:</u> If i	ive date is listed, the date inserted	than the date of the date must be spec d in this block doe e on the Departme	cific and cannot be es not meet the ap	prior to date of filing oplicable statutory ords.	or more than 90 c filing requireme	_ (optional) lays after filing. ents, this date) Pursuant to 605.02 will not be listed
e recor		a delayed effec r the record is		t not an effectiv	ve time, at 1	2:01 a.m.	on the earlier
			2	018			3. 69
The 90	September	6	·	·			8
The 90	September		·	·•			2018 SEP .
	September		·	authorized representa	ative of a membe	, , , , , , , , , , , , , , , , , , ,	8 SEP -6 PH

Page 3 of 3

Filing Fee: \$25.00