

L15000165405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

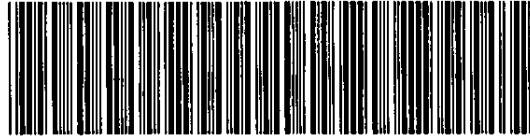
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 OCT 21 A 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 22 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL PRO SERVICES 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:

THOMAS R. BIR

Name of Person

COASTAL PRO SERVICES

Firm/Company

30725 US 19 NORTH #183

Address

PAUM HARBOR FL. 34684

City/State and Zip Code

COASTALSERVICES14@GMAIL.COM

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

For further information concerning this matter, please call:

THOMAS BIRD

Name of Person

at (727)

Area Code

710 7573

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**TO
ARTICLES OF ORGANIZATION
OF**

Crystal Pro Services 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 Company were filed on 9-29-15 and assigned Florida document number 15000165405.

This amendment is submitted to amend the following:

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

SAME

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 ADDRESS)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

THOMAS BIRD

New Registered Office Address:

30725 US 19 N. PALM HARBOR
Enter Florida street address

City

Florida

Zip Code

2015 OCT 14 4 08 PM
TALLAHASSEE
SECRETARY OF STATE
FL 34684

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWNER	THOMAS R. BIRD	30725 US 19 N. PACM HARBOR	ADD
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
OWNER	THOMAS R BIRD	30725 US 19 PACM HARBOR FL	ADD
	OWNER	FLORIDA 34684	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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2015 OCT 2 A 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE MAKE ME THOMAS R. BIRD
THE OWNER LISTED FOR
COASTAL PRO SERVICES-LLC:

I THOMAS R BIRD OWNER OF COASTAL PRO
SERVICES LLC MADE A MISTAKE
IN FILING OUT ORIGINAL FILLINGS AND
NEED TO BE LISTED AS OWNER

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DEPT. OF STATE

E. Effective date, if other than the date of filing: 10-19-15 (optional)

(If an 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 10-19 2015



Signature of a member or authorized representative of a member

THOMAS R. BIRD

Typed or printed name of signer