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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Coastal Transformer 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: |
| Dustin Haccis Name of Person |
| Coastal Transformer Services LLC Firm/Company |
| 3101 S.W. 34th Ave Svite # 905-43 P.S. 5. |
| Ocala, Florida 34474 City/State and Zip Code |
| Ocala, Florida 34474 City/State and Zip Code Aharris @ Coastaltransformer Services, con Tos E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| For further information concerning this matter, please call: |
| Dustin Harris at (352) 502 - 8184 Name of Person at (352) Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$\times \text{\$60.00 Filing Fee.}\$\$\$ \$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

| Coastal Transform (Name of the Limited Liability) (A Florid | ne Services LL ity Company as it now appears on o a Limited Liability Company) | our records.) | | |
|--|--|--|--|--|
| The Articles of Organization for this Limited Liability C Florida document number <u>L/6000029243</u> | | // - 16 and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | | | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designa | ation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | SE(| | |
| (Principal office address MUST BE A STREET ADDI | <u></u> | JIN 29 | | |
| Enter new mailing address, if applicable: | | THE REPORT OF THE PERSON OF TH | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | records, enter the name of the new | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florida sti | rect 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 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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---------------------|---|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| <u>MMBR</u> | Greg Foley | 3101 S. W. 34+L AVC | |
| | | Suite # 905435 | Remove |
| | | Ocala, FL 34474 | Change |
| | | | Add |
| | | | Remove SECRET Change |
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| ective date, if other than the date of filing: | (optional) |
| effective date is listed, the date must be specific and cannot be prior to date of tee. If the date inserted in this block does not meet the applicable statut | filing or more than 90 days after filing.) Pursuant to 605.0 |
| rument's effective date on the Department of State's records. | nory ming requirements, this date will not be instead |
| | |
| record specifies a delayed effective date, but not an effe | ective time, at 12:01 a.m. on the earlier |
| he 90th day after the record is filed. | |
| | |
| Signature of a member or authorized representation | |
| , | |
| Drugge Hand | |
| (X) Make Mr Noun | <u> </u> |
| Signature of a member or authorized repro | resentative of a member |

Page 3 of 3

Filing Fee: \$25.00