

216 0000 79526

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED
2016 JUL -5 AM 10:02
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
2016 JUL -5 P 12:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

S Warren

AUG 08 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2016

DONOVAN ANDERSON
16459 CITRUS WAY
BROOKSVILLE, FL 34614

SUBJECT: COAST 2 COAST HYDROGRAPHIC IMAGING LLC
Ref. Number: L16000079526

We have received your document for COAST 2 COAST HYDROGRAPHIC IMAGING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 316A00014236

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COAST 2 COAST HYDROGRAPHIC IMAGING, 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:

DONOVAN R. ANDERSON
Name of Person

COAST 2 COAST HYDROGRAPHIC IMAGING, LLC
Firm/Company

16459 CITRUS WAY
Address

BROOKSVILLE FL 34614
City/State and Zip Code

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

For further information concerning this matter, please call:

ROBERT ANDERSON at (770) 330 6413
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

FILED AUG 5 2016

2016 AUG -5 PM 3:49

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COAST 2 COAST HYDROGRAPHIC IMAGING, 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 4/22/2016 and assigned Florida document number L16000079526.

This amendment is submitted to amend the following:

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

COAST 2 COAST CUSTOM COATINGS, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 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

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2016 APR 25 P 12:46
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TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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SECRETARY OF STATE
TAMPA, FLORIDA
SEP 10 5 12 PM '11

[illegible]

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.

(b) The 90th day after the record is filed.

DONOVAN R. ANDERSON

Filing Fee: \$25.00

2018-10-05 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEPT