

LL000186354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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MAY 11 2017  
S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2017

JOEL ROSENAW  
8050 N 9TH AVENUE 125  
PENSACOLA, FL 32514

SUBJECT: COASTLINE PAINTING AND RESURFACING, LLC  
Ref. Number: L16000186354

We have received your document for COASTLINE PAINTING AND RESURFACING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

COASTLINE HOMES, LLC - L16000122656

Please return 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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 717A00005900

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TALLAHASSEE, FLORIDA  
17 MAY 10 PM 4:01

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

Coastline Painting and Resurfacing, 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 October 7, 2016 and assigned Florida document number L16000186354.

This amendment is submitted to amend the following:

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

Coastline Home, Painting and Resurfacing, 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)

6562 Pine Blossom Rd  
Milton, FL 32570

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(Same as above)  
6562 Pine Blossom Rd  
Milton, FL 32570

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

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
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(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)

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 3/22/17

Signature of a member

Signature of a member or authorized representative of a member

Joel T Rosenau  
Typed or printed name of signee