

L170000006963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

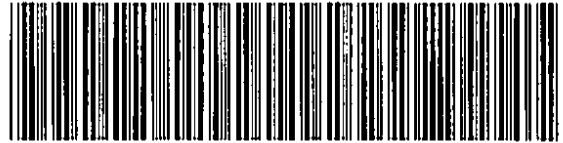
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700349049077

07/27/20--01076--023 \*\*25.00

FILED  
2020 JUL 27 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
SEP 15 2020

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: COATES BRIGHT BAY 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:

MATTHEW BRIGHT

Name of Person

COATES BRIGHT BAY LLC

Firm/Company

389 COMMERCIAL CT SUITE C

Address

VENICE FL 34292

City/State and Zip Code

BRIGHTONE1976@YAHOO.COM

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

For further information concerning this matter, please call:

MATTHEW BRIGHT

Name of Person

720 295-3488  
at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL 27 AM 8:04

FILED

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

COATES BRIGHT BAY 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 01/09/2017 and assigned  
Florida document number L17000006963.

This amendment is submitted to amend the following:

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

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:

MATTHEW BRIGHT

New Registered Office Address:

389 COMMERCIAL CT SUITE C

*Enter Florida street address*

VENICE

*City*

, Florida 34292

*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

FILED  
2020 JUL 27 AM 8:04  
CLERK OF STATE  
TALLAHASSEE FL

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>
MGR	RASHID COATES	2537 VERDMONT CT	<input type="checkbox"/> Add
		CAPE CORAL FL 33991	<input checked="" 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
			<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Change

2020 JUL 27 AM 8:04  
RECEIVED  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DEPARTMENT OF  
TRANSPORTATION

FILED

2020 JUN 21 PM 00  
SECURITY CONTROL  
ALL INFORMATION  
PL

FILED  
2020 JUL 27 AM 8:04  
SECURITY DIVISION  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-27-20 BY 60322 UCBAW

7/6/2020

**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.

Dated July 6, 2020

Rashid J. Carter  
Signature of a member or authorized representative of a member

Rashid T. Coates  
Typed or printed name of signer