117000045137

(1	Requestor's Name)	
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(,	Address)	
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((Document Number)	
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COVER LETTER

TO: Registration S Division of Co			
	Const. Services, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LeeRoy Revalee		
		Name of Person	
		Firm/Company	
	13300 Neptune Dr		
		Address	
	Hudson, Fl 34667		
		City/State and Zip Code	
	Leeroy@coastlineconst.con E-mail address: (n to be used for finure annual report notit	ication)
For further information	concerning this matter, please ca	·	
LeeRoy Revalee		727 2541467 at ()	
Name	of Person	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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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 ARTICLES OF ORGANIZATION **OF**

Coastline Const. Services, LLC	
(<u>Name of the Limite</u> (d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number L17000045137	ability Company were filed on 02/27/2017 and assigned
This amendment is submitted to amend the follo	
A. If amending name, enter the new name of	-
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
Principal office address MUST BE A STREET	TADDRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE E	3 <i>OX)</i>
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our records, <u>enter the name of the rice address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Elevido streat address
New Registered Office Address:	Enter Florida street address, Florida City Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jason Wilson	13129 Waco Ln. Hudson, Fl 34667	_≘ Add
			☐ Remove
			☐ Change
		- <u></u>	Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			□ Add
			Remove +
			Change
			Remove
			Change

•	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
	
-	
 Note: If the date inserted in the 	the date of filing:
the record specifies a dela) The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: record is filed.
Dated July 18	2017
Ma	Signature of a member or authorized representative of a member
	·
Matt Palmer	Typed or printed name of signee

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Filing Fee: \$25.00