## L17000045978

| (Re                     | equestor's Name)   | <u> </u>        |
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| (Ad                     | ldress)            |                 |
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| (Cit                    | ty/State/Zip/Phone | <del>?</del> #) |
| PICK-UP                 | ☐ WAIT             | MAIL            |
| (Bu                     | siness Entity Nan  | ne)             |
| (Do                     | cument Number)     |                 |
| ,                       | ŕ                  |                 |
| Certified Copies        | _ Certificates     | of Status       |
| Special Instructions to | Filing Officer:    | -               |
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17 JUN 13 PM 4: 46
ORVISION OF CORPORATIONS

O SIMMONS
JUN 1 4 2017

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp | tion<br>orations                              | •  |  |
|--|---|--|--|
| SUBJECT:                                 | NIQUE COA                                     | STAL LLC (Me<br>ited Liability Company   | ember addition)  |
| The enclosed Articles of A               | amendment and fee(s) are sub-                 | mitted for filing.   |  |
| Please return all correspon              | dence concerning this matter                  | to the following:  |  |
|  | Charle  | es Metenda<br>Name of Person   | ·<br>  |
|  |   | EUE COASTAL L  | LC_  |
|  | 321   | N 12 fn Address  | - S+-  |
|  | FLAGL   | ER Beach,  | FC 32136   |
|  | MUM DIN                                       | ER Beach,  City/State and Zip Code  Man Daman Cook  to be used for future armual report notifi | Com<br>ication)  |
| For further information co               | ncerning this matter, please ca               |  |  |
| Charles V                                | Merenda<br>Person                             | at (386) 986<br>Area Code Daytime  | -7 49 4<br>Telephone Number  |
| Enclosed is a check for the              | e following amount:                           |  |  |
| \$25.00 Filing Fee                       | \$30.00 Filing Fee &<br>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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 Title Name **Type of Action** DARCY Klovanish 321 12th Sto Flagler Beach, FC 32136 ☐ Change ☐ Add ☐ Change □ Add ☐ Remove \_□ Change \_□ Add ☐ Remove ☐ Change ☐ Remove ☐ Change

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| <del>,</del>                         |  | 17 JUN 13 PH 4: 46 | -7    |
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| ffectiv                              | date, if other than the date of filing: (optional)  ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan | nt to 605 020      | 7 (3) |
|                                      | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not selfective date on the Department of State's records.               | be listed as       | the   |
| lote: I                              | s effective date on the Department of State's records,   |                    |       |
| lote: I                              |  |                    |       |
| <u>Note:</u> I<br>locume             | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the  | earlier o          | f:    |
| Note: I<br>locume<br>e reco          | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 0th day after the record is filed.   | earlier o          | f:    |
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Filing Fee: \$25.00