

L17 0000 68876

(Re	equestor's Name)	
(Ac	idress)	
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- (Cit	ty/State/Zip/Phone	= #)
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COVER LETTER

TO: Registration Se Division of Cor			
	w Group, LLC.		
SUBJECT:	Name of Lin	nited Liability Company	.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Irene de Jesus		
		Name of Person	
	de Jesus Law group, LLC.		
		Firm/Company	
	500 E. New York ave. Sui	te 101	
		Address	.
	DeLand, FL 32724		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	irene@dejesuslawgroup.co		
F C		to be used for future annual report noti	fication)
	oncerning this matter, please c		
Irene de Jesus		407 286-9281 at ()	
Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	.7	The Centre of T	•
Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

de Jesus Law Group, LLC.	
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on April 22, 2024 and assigned
orida document number L17000068876	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabi	ility company here:
Coastal Legacy Law, LLC.	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	283
	<u> </u>
nter new mailing address, if applicable:	ι =
• • • • • • • • • • • • • • • • • • • •	· •
Mailing address MAY BE A POST OFFICE BOX)	
	
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3. If amending the registered agent and/or registered office a	iddress on our records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Change
*			□Add
			□Remove
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n effective date ote: If the date		ust be specific an block does not :	d cannot be prior meet the applic	able statutory fil		optional) after filing.) Pursuant s, this date will not	
ecord specifies	a delayed effect	ive date, but no	t an effective t	me, at 12:01 a.n	n. on the earlier o	of: (b) The 90th da	y after the
is filed.			2024				
luby 7							
luby 7	Ire n	e di	Ses	us			
is filed. July 7	Mer	L di	Member or auth	orized representati	ve of a member		