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2021 NOV -8 PM 2: 56

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Florida Coastal Decor 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:
Jay D Hobbs Name of Person
Florida Coastal Decor, LLC
4060 Lippman Rd Address
Saint Cloud, FL 34772  City/State and Zip Code  jhobbs 1329 @ gma.l. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual repolitionation)
For further information concerning this matter, please call:
Brenda Ward  Name of Person  at (407) 414-1319  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  S55.00 Filing Fee & Certificate of Status  Certificate of Status  S55.00 Filing Fee & Certificate of Status & Certificate of Statu

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

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

FILED

Elanda Coasta	2021 NOV -8 PM 2:56
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.)  ability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{5/2/2017}{2000}$ and assigned
Florida document number <u>L 1 7 8000 97.114</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5+, Cloud, FL 34772
(Principal office address MUST BE A STREET ADDRESS)	St. Cloud, FL 34772
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4060 Lippman Rd St. Cloud, FL 34772
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	Jay D Hobbs
New Registered Office Address:	4060 Lippman Rd Enter Florida street address
	Cloud Florida 34772
New Registered Agent's Signature, if changing Registered Agent:	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, 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
MGR	Brenda M Ward	6406 Shoreline Ct	□Add
		St. Cloud, FL 34771	Remove
			□Change
			🗆 Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			Change
			🗆 Add
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			□Change
<del></del>			🗆 Add
			Remove
			□Change

. II 411	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	tive date, if other than the date of filing:
the reco	rd 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 led.
Dated	November 2 2021  Brenda M Ward
	Brenda M Was D  Signature of a member or authorized representative of a member
	Brenda M. Ward  Typed or printed name of signee

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Filing Fee: \$25.00