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COVER LETTER

Division of Corporations
SUBJECT: Coast to coast Maintenance services L.L.C
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:
NESTOR DE VERAS.
Name of Person
Firm/Company
P. O BOX 521901
Address
Longwood, FL 32752
Longwood, FL 32752 City/State and Zip Code Coast 0936 o GuaiL. coy
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mestor DE VERAS. at (561) 699-7969 Name of Person Area Code Daytime Telephone Number
Name of Felson Alea Code Daytime Folephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Coost To COAst ALL Wainterware Services, L.L.C.

(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 Compar	ny were filed on _	6-6-2017	and assigned
Florida document number <u>L/7000/24077</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list			, ,
Coast to Coast Mainten The new name must be distinguishable and contain the words "Limited Lia	vance.	Services, L	10
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	DA I	RAK 5219	a 1
Enter new mailing address, if applicable:	1 2 2 2 2	BOX 5219	22 Z 2
(Mailing address MAY BE A POST OFFICE BOX)	LONGU	0000 1 FL S	
			2 N
B. If amending the registered agent and/or registered	office address o	on our records, enter 1	The name of the ne
registered agent and/or the new registered office address h	ere:	, <u></u>	
		RA Di	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Fl	orida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>ıt:</u>		
I hereby accept the appointment as registered agent and a			

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>	<u>Address</u>	Type of Action
<u>P</u>	Nestor De Veras	P. O. Box 521901	\overline{\Omega} Add
		Longwood, PL 30752	☐ Remove
			☐ Change
HGR	Nestos De Veras	P.O. BOX 521901	∠d Add
		Longwood, FL 32752	☐ Remove
	•		☐ Change
			Add
			Remove
		ASSEE, FLORIDA	Add
		LORDA	Remove
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Filing Fee: \$25.00