117000 238 246

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<u> </u>
(Document Number)
Certified Copies Certificates of Status
, <u> </u>
Special Instructions to Filing Officer:
•

Office Use Only



900335846669

10/22/19--01015--021 **25.00

19 00T 22 AM 9: 23

T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporation		•	
SUBJECT: JU	ST COAST Name of Lim	L L C ited Liability Company	<u> </u>
The enclosed Articles of Arr	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Valeria	Mazzella Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	P.O. Bo	755 Address	
	Jensen	Seach FL 3 City/State and Zip Code	4958
-	E-mail address: (t	to be used for future annual report notific	cation)
For further information conc	erning this matter, please ca	alt:	
Váletia M Name of Pe	Nazzella	at (772) 233 - Area Code Daytime	- 8318 Telephone Number
Enclosed is a check for the fi	ollowing amount:		
S25.00 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 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**

JUST COAST, LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000238246</u>	were filed on $\frac{11/17/2017}{2017}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	JUST CBAST, LLC
(Principal office address MUST BE A STREET ADDRESS)	Port St Lucie, FL 34983
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JUST COAST, LLC PO BOX 1564
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	Stuget FL 34995 office address on our records, enter the name of the new
Name of New Registered Agent:	ALD PICES
New Registered Office Address: 332	NW Aux ova State 9 Enter Florida street address 57 23
Pous S.	City, Florida 34983 Zip Code
New Registered Agent's Signature, if changing Registered Agents	

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 Type of Action Address Title Name Don Pipes MGR 332 NW Aurora St Palstlucie FL WAdd 34983 ☐ Remove ☐ Change MGR Nyla Pipes 332 NW Aurora St Partst Lucie FL Add ☐ Remove ☐ Change MGR Gage Steffen 332 NW Auvora St Part St. Lucie FL MAdd 34983 ☐ Remove □ Change Valerie Mazcella AMBR 2272 SE Charleston Dr. Port SI Lucie FL - Add Remove ∴ □ Change ☐ Add ☐ Remove

☐ Change

605,020
listed a
arlier d
3
·
ī.
-

Page 3 of 3

Filing Fee: \$25.00