

LI80000 92175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

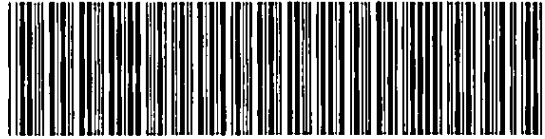
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUN 25 AM 10:46

N COOP
JUN 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

Investments
Red Coast ~~Investments~~ LLC
SUBJECT: _____

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:

Michael J. Heath, Esq.

Name of Person

Law Offices of Michael J. Heath, PA

Firm/Company

167 108th Avenue

Address

Treasure Island, FL 33706

City/State and Zip Code

david@davincimachining.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Heath

727 360-2771
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Red Coast Investments LLC

(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 Company were filed on April 12, 2018 and assigned
Florida document number L18000092175.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 25 AM 10:46

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Rappaella Pisano	5901 Sun Blvd. Suite 202	<input type="checkbox"/> Add
		St. Petersburg, FL 33715	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Raffaela Pisano	5901 Sun Blvd. Suite 202	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated

✓ June 20, 2018



Edwin S. Ford

Signature of a member or authorized representative of a member

David Padovan

Typed or printed name of signee

ROSE OF JERICHO

1013


63-751/631 10856

June 20/18
Date

Pay to the Order of Florida Secretary of State \$ 25.00

twenty five and 00/100 Dollars

WELLS FARGO
West Fargo Bank, N.A.
wellsfargo.com

 **Photo**
Date
Expiry
[Circle on back]

For Red Coast Amendment



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