## 1180000 92899

(Re	questor's Name)	
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(Do	cument Number)	
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## **COVER LETTER**

	Registration Se Division of Cor			
CHD IEZ		CONSTRUCTION OF TAMI	PA, LLC	
SUBJEC	JI:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		JAMES E. MOYE, JR.		
			Name of Person	<del></del>
		COASTAL CONSTRUCT	TION OF TAMPA, LLC	
			Firm/Company	
		5959 BLUE LAGOON DE	RIVE, #200	
			Address	
		MIAMI, FLORIDA 33120	6	
		JMOYE@COASTALCON	City/State and Zip Code STRUCTION.COM	
		E-mail address: (	to be used for future annual report notifica	ntion)
For furth	er information c	oncerning this matter, please co	all:	
JAMES	E. MOYE, JR.		305 559-4900	
	Name o	f Person	at () Area Code Daytime T	elephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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

COASTAL CONSTRUCTION OF TAMPA, 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 16, 2018 and assigned L18000092899 Florida document number 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 "L.L.C" 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) 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

## 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.

City

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ROBERT SEAN DEMARTINO	5959 BLUE LAGOON DRIVE. #200, MIAMI, FLORIDA 33126	Add
			Remove
			Change
MGR	DANIEL E. WHITEMAN	5959 BLUE LAGOON DRIVE, #200, MIAMI, FLORIDA 33126	
			□ Remove
			Change
			□ Add
			Remove
			Change
			□ Remove
			☐ Change
	<del></del>		
			□ Remove
			□ Change
	<del></del>	<del></del>	Add
			☐ Remove
			☐ Change

Effec	tive date, if other than the date of filing:
ri an c	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
Note:	ment's effective date on the Department of State's records.
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Page 3 of 3

Filing Fee: \$25.00