LIBURUAGA

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



500316389555

07/30/18--01020--018 **55.00

8 AUG 16 AM 11:08

AUG 2 0 2018 S. YOUNG



August 4, 2018

JUSTIN MARCHESE JOHNSONS COASTAL CONSTRUCTION LLC 6311 HOGAN ROAD PENSACOLA, FL 32526

SUBJECT: JOHNSONS COASTAL CONSTRUCTION LLC

Ref. Number: L18000096419

We have received your document for JOHNSONS COASTAL CONSTRUCTION LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

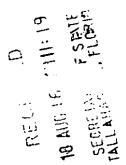
MARCHESE CONSTRUCTION INC - P18000047015

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 818A00016051

Shelia H Young Regulatory Specialist II



COVER LETTER

TO:

| TO: | Registration Se Division of Cor | | | , |
|-----------|------------------------------------|--|---|--------------------|
| SUBJEC | CT: | Johnsons Coastal Co | onstruction LLC | |
| | <u> </u> | Name of Lim | ited Liability Company | |
| The encl | losed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | |
| | | Ju | stin Marchese | |
| | | | Name of Person | |
| | | Johnsons (| Coastal Construction L <mark>l</mark> | _C |
| | | | FirmeCompany | |
| | | 6 | 311 Hogan Rd | |
| | | | Address | |
| | | Pensa | acola, FL 32526 | |
| | | | City/State and Zip Code | |
| | | Justinthoma E-mail address: c | asjohnson97@gmail.co | om lication) |
| For furt | her information c | oncerning this matter, please ca | all: | |
| | Jus | stin Marchese | at (<u>850</u>) <u>497</u> -44 | |
| • | Name (| f Person | Area Code Daytime | e Telephoлe Number |
| Enclose | d is a check for t | ne following amount: | | |
| □ S25 | .00 Filing Fee | □ \$30,00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy cadditional copy is enclosed) | |
| | Regist Divisio P.O. B | ING ADDRESS: cation Section on of Corporations ox 6327 assee, FL 32314 | STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce | on rations |

Tallahassee, FL 32301

'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Johnsons Coastal Construction 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 04/24/2018 and assigned Florida document number 825167406 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| Marchese Gulf Coast Construction LLC |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" |
| 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 ne registered agent and/or the new registered office address here: |
| Name of New Registered Agent: |
| New Registered Office Address: Unter Florida street address |
| |
| Circ Zip Code g |
| 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 |

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

company has been notified in writing of this change.

| and acception is being f | sions ofall statutes relative in the obligations ofmy posit | egistered agent and agree to act in this capacit to the proper and complete performance of ma ion as registered agent as provided for in Chap- inge in the registered office address, I hereby of this change. | y duties, and I am familiar with ter 605, F.S. Or, if this document |
|--------------------------|--|--|---|
| | | If Changing Registered Agent, Signature | of New Registered Agent |
| If amendir | ng Authorized Person(s) aut emoved from our records: | Page 1 of 3 thorized to manage, enter the title, name, and a | address of each person being |
| MGR = M AMBR = | lanager Authorized Member | | |
| Title | Name | Address | Type of Action |
| | | | O Add |
| | | | O Remove |
| | | | O Change |
| | | | O Add |
| | | | O Remove |
| | | | O Change |
| | | | O Add |
| | | | O Remove |
| | | | O Change |
| | | | O Add |
| | | | O Remove |
| | | | O Change |

Signature, if changing Registered Agent:

Florida

City ZIP Code New Registered Agent's

| | | | | O Add |
|---------------------------------|---------------------------------|-------------|---------------------------|-------------|
| : : | | | | O Remov |
| | | | | O Change |
| | | | | O Add |
| | | | | O Remove |
| | | | | O Change |
| D. If amending any other inform | Page mation, enter change(s) | | onal sheets, if necessary | .) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| - | | | | |
| | | | | |
| | | | | |
| | | | | |
| | 111 | | | |
| | | | | |
| | | | | |

| ` <u> </u> |
|---|
| |
| T. Effective data if other than the data of filings. |
| E. Effective date, if other than the date of filing: |
| 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. |
| July 24 2018 |
| 1360 |
| Signature of a member or authorized representative of a member |
| Justin Marchese |
| Typed or printed name of signee |
| Page 3 of 3 |

Filing Fee: \$25.00