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<u> </u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations &	<b>k</b>				
King Asses	sments & Inspections, LLC					
SUBJECT:	Name of Lin	nited Liability Company				
	Amendment and fee(s) are sub ondence concerning this matter	-				
	Nicole King					
		Name of Person	· -	~		
	King Assessments & Inspe	ections, LLC dba Coastal Air Asses	ssments			
		Firm/Company		035 1787	<u>)}</u> .	
	4755 SE Dixie Highway,	¥1371	ָר לר		9091 1111 -9	3
		Address	<u>=</u>	787 787		Salar Janesa
	Port Salerno, FL 34992		; n	Y OF S	P <b>X</b>	
		City/State and Zip Code	<u>.</u> Г	PA	ာ ၁ ၁ ၁	
	coastalairassessments@gm.	ail.com to be used for future annual report noti	C	113	w	
For further information c	oncerning this matter, please c	,	neation)			
Nicole King		772 631-8496				
Name o	f Person	at ()	e Telephone Number	Γ		
Enclosed is a check for the	ne following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fi Certifica Certified (additional	te of Sta Copy	tus &	
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations allahassee e Street, Suite 8	10		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)
y were filed on $\frac{5/16/2018}{6}$ and assigned
bility company here:
ility Company," the designation "LLC" or the abbreviation "L.L.C."
401 N. Rosemary Ave. Ste. 21 WPB, FL 33401
SEC SEC
PO Par 1271 Part Salama El 2/8022
PO BOX 1371 POR SAIGHIO, PL 39394
——————————————————————————————————————
address on our records, enter the name of the new regis
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>	Name	<u>Address</u>	Type of Action
AMBR	Nicole King	401 N. Rosemary Ave. Ste.21 WPB, FL 33401	<b>=</b> Add
			□Remove
			Change
<del></del>			□Add
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		,	Change
		RETARY OF	Remove
		STATE STATE	□ <b>G</b> hange
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S. 3.0	PM	
73		
( <b>option</b> ays after file ats, this d	al) ing.) Pur ate will	rsuant to 605.02 not be listed
r of: (b)	The 90	)th day after t
1	(option lys after filents, this d	(optional) nys after filing.) Purits, this date will r of: (b) The 90