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COVER LETTER

	gistration Se vision of Cor		-			
SUBJECT:		CURBING LLC				
000000		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub- indence concerning this matter	-			
		KENNETH LAFLAMBOY	•			
		Name of Person				
		COASTAL CURBING LL	.C			
			Firm/Company			
		1712 WESTERLY DR				
		Address				
		BRANDON, FL 33511			2018 SEC	
		COASTALCURBINGLLC	City/State and Zip Code		AUG - DRE FAI LAHAS	
			o be used for future annual report notifica	tion)	- SE	₹ ~
For further i	nformation co	oncerning this matter, please ca	di:		~~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~	inami III
KENNETH	LAFLAMBO	Υ	813 516-4319		STATE LORIDA	*imer**
	Name of	Person		elephone Number	<u>-</u>	
Enclosed is:	a check for th	e following amount:				
□ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
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MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

ı,

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL CURBING 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 Compan	y were filed on JUNE 21, 2018	and assigned
Florida document number L18000152378		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
COASTAL CURBING & LANDSCAPING LLC		
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1712 WESTERLY DR	
(Principal office address MUST BE A STREET ADDRESS)	BRANDON, FL 33511	
Enter new mailing address, if applicable:	171 WESTERLY DR	
(Mailing address MAY BE A POST OFFICE BOX)	BRANDON, FL 33511	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:		THE Name of the new SECRETARY OF STATE
	City	35 Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	÷
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I a provided for in Chapter 605, F.S. C e address, I hereby confirm that the	m familiar with and Or, if this document is limited liability
If Ch:	anging Registered Agent, Signature of New	Registered Agent

		
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Hective date it ather than the /	be specific and cannot be prior to date of filing or more	(optional) e than 90 days after filing.) Pursuant to 605.0207
an effective date is listed, the date must	ck does not meet the applicable statutory filing t	requirements, this date will not be listed as
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e record specifies a delayed. The 90th day after the record attendance of the record of the record attendance of the record of the r	partment of State's records. effective date, but not an effective tinder is filed.	ne, at 12:01 a.m. on the earlier of

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