419000224226

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COVER LETTER

TO:		tration Sec on of Corp		•	
end ie z	cr. C	oast 2 Coa	st Partnerships LLC		
SUBJEC	∵li <u> </u>		Name of Lim	ited Liability Company	
			Amendment and fee(s) are sub-	_	
Please re	eturn al	Leorrespor	ndence concerning this matter	to the following:	
			John A Baldino Jr		
				Name of Person	
			Coast 2 Coast Partnerships	LLC	
			_	Firm/Company	
			2915 Forest Reserve Place		
				Address	
			Seffner, F1, 33584		
			johnny@thelgateam.com	City/State and Zip Code	
			E-mail address: (to be used for future annual report notifi	eation)
For furth	er info	ormation co	neerning this matter, please ca	all:	
John A I	Baldin			813 361-8563	
		Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a c	heck for th	e following amount:		
\$25. (00 Fili	ng 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)

TO:

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

Coast 2 Coast Partnerships LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
he Articles of Organization for this Limited Liability Company	were filed on	and assigned
Torida document number L18000224226		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity 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)		S 8
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		₹ 40.
nter new mailing address, if applicable:	<u></u>	
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:		nter the name of the
New Registered Office Address:		
	Enter Florida street address	
	Florid	la
	City	la 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>	Address	Type of Action
MGR	JOHN A BALDINO JR	2915 Forest Reserve Place Seffner, FL 33584	= Add
			Remove
			Change
 -			□ Add
			Remove
			☐ Change
			Add
			☐ Remove
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			Change

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to d	(optional)	- 0
terective date is fisted, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	estatutory filing requirements, this date will not be list	s.u. ted
record specifies a delayed effective date, but not a he 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earli	ier
September 20 2018		
	541	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00