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Certified Copies	_ Certificates of Status
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то:	Registration So Division of Cor					
SUBJE	Coastal Cie	aring LLC				
		Name of Lin	nited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		Sean Akins				
			Name of Person			
		Coastal Clearing LLC				
			Firm/Company			
		815 Linda Lane				18
		Panama City Beach FL	Address		<u></u>	
						29 SSE
		scanakins82@gmail.com	City/State and Zip Cod	it		OCT 29 PH 6: 54
		E-mail address: (to be used for future annu	al report notificatio	н)	ORID ORID
For furth	er information c	oncerning this matter, please e	all:			1
sean aki	08		229 2 at ()	296-9975		
	Name o	f Person	Area Code	Daytime Tele	phone Number	
Enclosed	l is a check for th	e following amount:				
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S \$55.00 Filing Fee Certified Copy tadditional copy is e		\$60.00 Filing Certificate of Certified Co (additional copy)	of Status & ppy
	Registr Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations bx 6327 ssee, FL 32314	Registr Divisio Clifton	ET/COURIER A ation Section of Corporation: Building xecutive Center C	s	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Clearing LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10-15-2018 and assigned Florida document number L18000240086

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 "LLC" or the abbreviation "L.LC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

		5.5. 00
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		FILE AMASSE
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our record dress here:	ts, enter the new
Name of New Registered Agent:	• · · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street addre	'88'
		lorida
	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:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u> Thomas Ryan Muldowney	Address 4119 Sue lane	Type of Action
AMBR		Panama City, FL 32404	Add
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			C Remove
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			C Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 10-23-2018

Sean R. Akins

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00