

L19000017987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

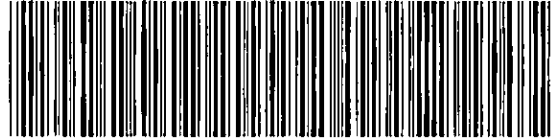
(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 MAY 27 PM 9:05

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Name Change

MAY 30 2025

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAMMOCK LUXURY HOMES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jay W. Livingston, Esq.

Name of Person

Livingston & Sword, P.A.

Firm/Company

391 Palm Coast Parkway SW #1

Address

Palm Coast, Florida 32137

City/State and Zip Code

jay.livingston314@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay W. Livingston

386 439-2945
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the 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 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2025-11-27 AM 9:05

LIVINGSTON & SWORD, P.A.

Attorneys At Law

March 21, 2025

Registration Section
Division of Corporations
The Centre of Tallahassee
ATTN: Diane Cushing
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Subject: Hammock Luxury Homes LLC
Ref. Number: L19000017987
Division Letter Number: 925A00002903

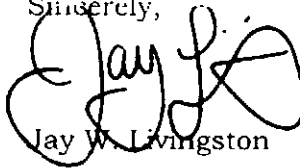
Dear Ms. Cushing:

Please find enclosed amended Articles of Amendment to Articles of Organization of Hammock Luxury Homes LLC ("Revised Articles") to change the name of the LLC. The new proposed name for the LLC is Coastal Pros Florida LLC.

The Revised Articles are being submitted in response to the above referenced Division Letter dated February 11, 2025. A copy of the letter is enclosed for your reference. The filing fee of \$25.00 for the amendment to the LLC's Articles of Organization was already received by the Division as acknowledged in Division letter.

Please contact me if you have any questions or if you require additional information.

Sincerely,



Jay W. Livingston

Encls.

CC: Judith Barnes



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2025

JAY W LIVINGSTON, ESQ.
LIVINGSTON & SWORD, P.A.
391 PALM COAST PARKWAY SW #1
PALM COAST, FL 32137

SUBJECT: HAMMOCK LUXURY HOMES LLC
Ref. Number: L19000017987

We have received your document for HAMMOCK LUXURY HOMES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

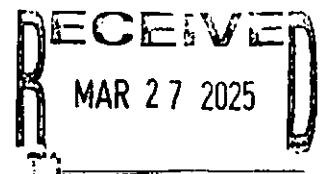
The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Diane Cushing
Operations Manager A

Letter Number: 925A00002903



**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HAMMOCK LUXURY HOMES 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 01/16/2019 and assigned
Florida document number 84-4576089 - L19000017987

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COASTAL PROS FLORIDA LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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)

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.

Justith A. Barnes
Signature of a member or author

Signature of a member or authorized representative of a member

TUDITH A. BARNES

Typed or printed name of signee

Filing Fee: \$25.00