

L190000 33327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 FEB 28 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 01 2019
C. McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

2019 FEB 28 PM 3:36

SUBJECT: INTRACOASTAL ALUMINUM LLC

Name of Limited Liability Company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

BRIAN ALSTON

Name of Person

INTRACOASTAL ALUMINUM LLC

Firm/Company

760 INDIAN RIVER DRIVE

Address

MELBOURNE FL 32935

City/State and Zip Code

INTRACOASTALALUMINUM@GMAIL.COM

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

For further information concerning this matter, please call:

BRIAN ALSTON

321 506-7000

at ()

Name of Person

Area Code

Daytime Telephone Number

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/COURIER ADDRESS:

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

2019 FEB 28 PM 3:36

(Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company)	51
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141 LAHASSEE, FLORIDA.

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	CORY M ALSTON		<input type="checkbox"/> Add
		760 INDIAN RIVER DR MELBOURNE FL 32935	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

Note: 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.

Dated FEBRUARY 25TH 2019

BRIAN ALSTON

Typed or printed name of signee