# L1900003416le

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(Address)	
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# **COVER LETTER**

	Registration Sec Division of Corp		•	
SUBJEC		CONSTRUCTION & REPAI	R LLC	
		Name of Lim	ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter	to the following:	
		WILLIAM COLCE	Name of Person	
	(	Coostal (	Onstruction	> Elipair UC
		4107 N	5 218t Pla	lce_
		Panama	- Cty F	. 32405
		T: Crolle 1: mail address: (	City/State and Zip Code  Code  be used for luture annual report not	agteam Ogmail
For furthe	r information co	oncerning this matter, please ca	all:	
Mi	Name of	Coleman	$\int_{\text{Area Code}} at \underbrace{850}_{\text{Area Code}} \underbrace{18}_{\text{Daytim}}$	ne Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 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:

TO:

Registration Section Division of Corporations P.O. Box 6327

Talfahassee, FL 32314

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### COASTAL CONSTRUCTION & REPAIR 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 C Florida document number $\frac{1.19000034166}{1.19000034166}$	Company were filed on 02/04/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the na	ime of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	F. F. 12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
<del></del>	, Florida _ Ciţy	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 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>	Type of Action
AMBR	BRIDGET TREITZ	4107 W.215+ Place	<b>=</b> Add
		4107 W. 215+ Place Panama City, FL. 324	<u>D5</u> □Remove
			□Change
			□Remove
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			ORA Change
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Add Authz Member - Bridget Treitz		
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Filing Fee: \$25.00