L19000039822

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

Division of Corporations	
SUBJECT: AJ Coastal	Wood LLC
Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.
Please return all correspondence concerning this:	matter to the following:
riease return an correspondence concerning this	matter to the following.
Auc	y J Cabreja Name of Person
_ AJ C	pastal Wood LLC Firm/Company
103 Van	Cosh Way
Royal	Palm Beach FL 33411 City/State and Zip Code
duluja E-man ad	dress: (to be used for future annual report notification)
For further information concerning this matter, pl	lease call:
Aury J Cabreja Name of Person	at (<u>567</u>) <u>-2945378</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Sand State State State State State State State State Sand State St	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

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

TO:

Registration Section

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

AJ Coastal U	Vood LLC	
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on $02/08/20$	219 and assigned
Florida document number $\underline{117000039822}$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:		202
(Mailing address MAY BE A POST OFFICE BOX)		
		= = =
		P. T.
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	i <u>e name of the hew registere</u> ಭ ರಾ
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AHBR	Julio A Guerra	4906 Vilma La	
		West Palm Beach FL	DRemove
		33417.	☐ Change
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	Remove a Authorized Hember	
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an effect ote: If	e date, if other than the date of filing:	
record s Lis filed	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	he
ated _∠	May. 9. 2020.	
	At	
	Signature of a member or authorized representative of a member	
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