

L19000069051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

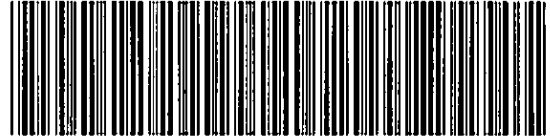
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Coastal Utility Service 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:

Anthony G. Herrera / Gary Royce  
Name of Person

Coastal Utility Service LLC  
Firm/Company

P.O. Box  
Address

JAX FL  
City/State and Zip Code

Tony@CoastalUtility.com / Gary@CoastalUtility.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Royce at (904) 444-1575  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

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Coastal Utility Service 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 Mar 11, 2019 and assigned Florida document number L19000069051.

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.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)**

P.O. Box 350747  
Jax FL  
32235

**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

City, Florida 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>	<u>Type of Action</u>
Mgr	William M. Kline	721 Paradise Lane	<input type="checkbox"/> Add
		Atlantic Beach FL	<input checked="" type="checkbox"/> Remove
		32233	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

4. Further Resolved, that the Secretary, Assistant Secretary, or other authorized officer, partner, or manager of this Organization shall certify to the Credit Union that the name of the persons who are at present authorized to act on behalf of this Organization under the foregoing resolutions and shall from time to time hereafter, as changes in the personnel of said officers, members or managers and employee are made, immediately certify such changes to the Credit Union by submission of a new Resolution and Signature Authority (with new signatures), and the Credit Union shall be fully protected in relying on such certifications of the Secretary, Assistant Secretary or other authorized officer, member or manager and shall be indemnified and saved harmless from any claims, demands, expenses, loss, or damage resulting from, or growing out of, honoring the signature of any officer, employee, partner, member or manager so certified, or refusing to honor any signature not so certified; and,

5. Further Resolved, that the foregoing resolutions shall remain in full force and effect until written notice of their rescission shall have been received by the Credit Union and apply to any and all deposit accounts and/or term certificates in the name of this Organization, regardless of whether the account number assigned by the Credit Union appears or does not appear on the face of this form or Resolution and Signature Authority; and that receipt of such notice shall not affect any action taken by the Credit Union prior thereto; and,

6. Further Resolved, that all transactions by any of the officers, employees, partners, members, or managers of this Organization on its behalf, and in its name, with the Credit Union prior to the delivery to the Credit Union of a certified copy of the foregoing resolution are, in all respects, hereby ratified, confirmed, approved, and adopted; and,

7. Further Resolved, that the Secretary, Assistant Secretary or other authorized officer, partner, members, or managers be, and hereby is, authorized and directed to certify these resolutions to the Credit Union and that the provisions thereof are in conformity with the Charter and Bylaws, Articles of Incorporation, Articles of Organization, Operating Agreement and/or Partnership Agreement of this Organization.

The Undersigned Organization certifies that its appropriate officers, employees, directors, partners, managers and/or member have read, understand and agree and the Undersigned Organization understands and agrees to (a) the terms and conditions appearing on the Resolution and Signature Authority; and (b) the terms and conditions of the depositors' membership agreement and disclosures and fee schedule (which were furnished separately and the receipt of which is hereby acknowledged).

### C. THIS SECTION IS ONLY FOR CORPORATIONS AND INCORPORATED ASSOCIATIONS.

I, the undersigned, hereby certify to the Credit Union that I am the Secretary/Assistant Secretary of:

\_\_\_\_\_  
(Name of Business/Organization)

and that the Board of Directors of said Organization at a meeting at which a quorum was present adopted this Resolution and Signature Authority, and that such Resolution and Signature Authority is in full force and effect and has not been amended or rescinded.

In witness whereof, I have hereunto set my hand and the seal of the Corporation/Association

this \_\_\_\_\_ day of \_\_\_\_\_

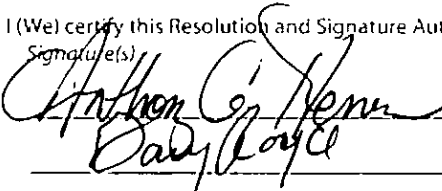
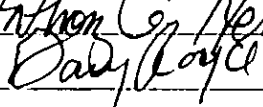
\_\_\_\_\_  
Secretary's Signature

### D. THIS SECTION IS FOR PARTNERSHIPS, LIMITED PARTNERSHIPS, UNINCORPORATED ASSOCIATIONS, LIMITED LIABILITY COMPANIES (LLC & PLLC), AND SOLE PROPRIETORSHIPS.

The following designated signatures are required to certify this authorization to be correct:

- Partnerships, Limited Partnerships and Limited Liability Partnerships (LLPs) require signatures of two Partners, unless there is only one General Partner, in which case the signature of the sole General Partner is required and is sufficient.
- Unincorporated Associations require two signatures. However, if the association does not have governing body/elected officers, it will require only one signature.
- Limited Liability Companies and Professional Limited Liability Companies (LLCs and PLLCs) require signatures of either two Members or two Managers, unless there is only one Manager, in which case the signature of the sole Manager is required and is sufficient. LLC and PLLC accounts also require a copy of the Articles of Organization attached to this form. (No certification required if individual does business in his/her own name).
- Sole Proprietorships require the proprietor's (owner's) signature, and Assumed Name or similar legal certificate showing business name.

I (We) certify this Resolution and Signature Authority to be correct.

Signature(s)	Title	Date
	President	10/4/19
	President	10/4/19
_____	_____	_____
_____	_____	_____

Signing this corporate resolution and signature authority form authorizes the Credit Union to run a credit check on the signers.

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**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.

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 10/4, 2019

Signature of a member or authorized representative of the applicant

Signature of a member or authorized representative of a member

Anthony G. Herrera  
Typed or printed name of signee

Typed or printed name of signee