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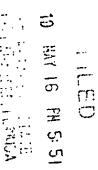
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

Division of Co	orporations		
	COASTAL AUTO SALES LLC	;	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	THOMAS C. DENT		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	COASTAL AUTO SALES	SLLC	
		Firm/Company	
	4116 N. FLORIDA AVE		
		Address	
	TAMPA, FL 33603		
	COASTALAUTOSALESF	City/State and Zip Code L@GMAIL.COM	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
THOMAS C. DENT		813 727-2981 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:

TO:

Registration Section

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

COASTAL AUTO SALES LLC		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer	re filed on APRIL 1, 2019 and assigned	ed
lorida document number L19000086646		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
he new name must be distinguishable and contain the words "Limited Liability C		17
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
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nter new mailing address, if applicable:	PA 5	
Mailing address MAY BE A POST OFFICE BOX)	58 5	
. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	address on our records, enter the name of	the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Eller From Meet marron	
	City Zip Code	
	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>	Address	Type of Action
MGR	THOMAS C. DENT	6407 HEATHERMOOR COURT TAMPA, FL 33634	■ Add

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			☐ Change
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		. 1, 2019		
Iffective date, if other than the fan effective date is listed, the date in	he date of filing:	prior to date of fil	ing or more than 90 da	(optional)
Note: If the date inserted in this locument's effective date on the	block does not meet the a	pplicable statute		
e record specifies a delay The 90th day after the re		t not an effe	ctive time, at 12	:01 a.m. on the earli
Dated MAY 10	2019			
- 		*		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00