

L190000109239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

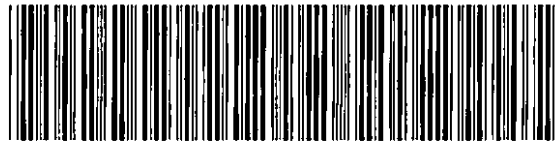
(Business Entity Name)

(Document Number)

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2023 OCT 16 PM 7:32

*[Handwritten signature]*



920A Kennedy Drive  
Key West, FL. 33040

Date: 010/08/2023

Number of pages including cover sheet

pages: 4

To:

SEC. OF STATE - FLORIDA  
Registration Section

From:

JOHN MOEN

To whom it may concern,

Please process the enclosed filing for name change of the associated LLC.

The fee for \$25.00 is attached.

Any questions, please call me at 305-453-6642

Thank you

John Moen E.A.

CC:

Remarks: Urgent For your review Reply ASAP Please Comment

This message is intended only for the use of the recipient and may contain information that is confidential or privileged. If you receive this communication in error, please call us at 1- 305-453-6642 and return the original and all copies to us by mail. Reimbursement of your postage expense is assured. Thank you.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COSTAL ART LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

JOHN MOEN

\_\_\_\_\_  
Name of Person

LIBERTY TAX

\_\_\_\_\_  
Firm/Company

920A KENNEDY DRIVE

\_\_\_\_\_  
Address

KEY WEST FL 33040

\_\_\_\_\_  
City/State and Zip Code

SERVICE.KW@LIBTAXPREP.COM

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN MOEN

305

453-6642

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 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**

COSTAL ART 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 04/22/2019 and assigned  
Florida document number L19000109239.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

POPOVSKI ART LLC

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)

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

[illegible]

[illegible]

(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)

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.



ALEXANDRU POPOVSCHI

**Filing Fee: \$25.00**