19000112216

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Green Coa	stal Engineering LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Seyedmorteza Khatibmasj	edi	
		Name of Person	
	Green Coastal Engineering	g LLC	
		Firm/Company	
	11900 Biscayne Blvd, Sui	te 308	
		Address	· · · ·
	Miami, FL 33181		
		City/State and Zip Code	; \ -
	khatib@greencoastalengine		 :
		to be used for future annual report notification)	•
For further information c	concerning this matter, please c		;
Seyedmorteza Khatibma	asjedi	at () 583-5545 Area Code Daytime Telephone 3	Number C
Nume o	of Person	Area Code Daytime Telephone 3	Number :
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee	s

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN COASTAL ENGINEERING LLC

(Name of the Limited Li (A F)	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number $\frac{L19000112212}{L19000112212}$	ity Company were filed on 04/24/2019 and assigned and assigned
This amendment is submitted to amend the following	ß:
A. If amending name, enter the new name of the	limited liability company here:
GREEN COAST ENGINEERS 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 AL	DDRESS) :
	<u> </u>
Enter new mailing address, if applicable:	·
Mailing address MAY BE A POST OFFICE BOX	0
3. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the name of the new registore:</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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>	Address	Type of Action
			□Add
		_	□Remove
			□Change
			□Add
			□Remove
			□Remove
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ective date, if other than the done effective date is listed, the date must be tea. If the date inserted in this block cument's effective date on the Dep	k does not me	et the applica	to date of filing o able statutory fi	r more than 90 day. ling requirement	optional) s after filing.) I s, this date w	dursuant to 605.020 ill not be listed a
ecord specifies a delayed effective stiled.	late, but not a	n effective tii	ne. at 12:01 a.r	n, on the earlier	of: (b) The	90th day after th
ed March 23		2023	<u> </u>			
litra 1	duth	つ		ive of a member		

Filing Fee: \$25.00