## 119000135728

(Requestor's Name)
(Address)
(Address)
(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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LADES-LLC- PASP form

Office Use Only



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July 8, 2020

KAMREN DANNEMILLER 3727 FEATHERWOOD TRL LAKELAND, FL 33812

SUBJECT: COAST TO COAST PAVERS LLC

Ref. Number: L19000135728

We have received your document for COAST TO COAST PAVERS LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 120A00013296

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## **COVER LETTER**

Division of Corpo	orations		
SUBJECT: COAS	S+ t0 COAST Name of Limi	Pavers, LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Kamren D	annemiller Name of Person	
		Firm/Company	<u> </u>
	3727 Feat	herwood Tri	<u> </u>
	Lakelan	City/State and Zip Code	<u>)</u>
	K.dannem	to be used for future annual report notif	mail. Com
For further information con	ncerning this matter, please ca	all:	
Kamren T	<u>Dannemille</u> Person		3901 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		Strant Addrage	

Mailing Address:

TO:

Registration Section

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

AMITODES OF SHOWING
$\mathbf{OF} \qquad \qquad 272\hat{q} + 27.5$
OF  COAST TO COAST PAVERS, 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 5/20/2019 and assigned
Florida document number <u>L19000135728</u>
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 "L.L.C." 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: 3727 Feather Wood Trl  Enter Florida street address

## 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	Juan Cornejo	2237 Grove Glen CT	□Add
	·	Lakeland, FL 33813	2 To Remove
			□Change
MGR	Shared Cornejo	226 Anarece Ave	DAdd
	-	Auburndale, FL 3382	3 Remove
			□Change
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cument's e	ffective date on th	ie Department (	oi State's reco	oras.				
ecord speci is filed.	fies a delayed effe	ective date, but	not an effecti	ve time, at 12:	) I a.m. on the e	arlier of: (b)	The 90th day afte	er the
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Filing Fee: \$25.00