Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COASTLINE CANS LLC

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Help

COVER LETTER

TO: Registration Se Division of Cor					
	NE CANS LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Cheyenne Moseley				
		Name of Person			
	Legalzoom.com, Inc.				
		Firm/Солграну			
	101 N Brand Blvd 11th Fl				
		Address	and the second s		
	Glendale, CA 91203				
		City/State and Zip Code			
	Jvota76@yahoo.com	to be used for future annual report notif	ication)		
For further information of	concerning this matter, please c		,		
Cheyenne Moseley	·	800 773-0888			
Name (of Person	Area Code Daytimo	: Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	S30,00 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)		
Regist	LING ADDRESS:	STREET/COURI Registration Section	n		
	on of Corporations	Division of Corpor	ations		

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

COASTLINE CANS LLC			
(Name of the Limited Liability Comps (A Florida Linned	iny as it naw appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000142373</u> .	were filed on 05/28/2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Coastline Cans Dumpster Rental LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	23425 Janice Ave.		
(Principal office address MUST BE A STREET ADDRESS)	Punta Gorda, Florida 33980		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agens:	23425 Janice Ave. Punta Gorda, Florida 33980 Office address on our records, g	SECRE IN STEEL STRAIGHT CONTROL OF THE PARTY OF STRAIGHT CONTROL OF THE PARTY OF STRAIGHT CONTROL OF THE PARTY OF THE PART	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and i provided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is	

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Joseph Vota		□ Add
			☐ Remove
		23425 Janice Ave. Punta Gorda, Florida 33980	■ Change
			D Add
			□ Remove
			□ Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
		☐ Change	
			_□ Remove
		□ Change	
			D Add
		☐ Remove	
			☐ Change
			□ Add
			O Remove
			Change

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Typed or printed name of signee

Filing Fee: \$25.00