

L19000 151243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

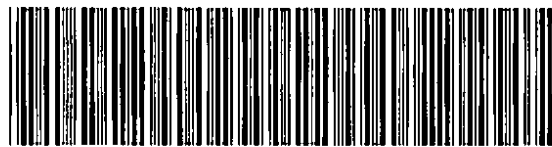
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600352880386

09/30/20--01010--027 **25.00

2020 SEP 30 PM 6:58
CLERK OF SUPERIOR COURT
JANASSETT, ILLINOIS

FILED

NOV 05 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Blue Title and Escrow Agency LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jhon A. Tones
Name of Person

Coastal Blue Title and Escrow Agency LLC
Firm/Company

918 Lithia Pinecrest Rd.
Address

Brandon, FL. 33511.
City/State and Zip Code

Sandra@coastalblue.title.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jhon A Tones at (813) 300-0225.
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Coastal Blue Title and Escrow Agency 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 _____ and assigned
Florida document number L19000151243.

This amendment is submitted to amend the following:

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

Coastal Blue Title and Escrow Agency LLC.
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

918 Lithia Pinecrest Rd
Brandon, FL 33511

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same Above

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:

Shon A. Torres

New Registered Office Address:

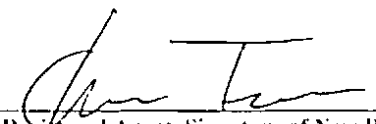
918 Lithia Pinecrest Rd.

Enter Florida street address

Brandon, Florida 33511
City 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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Allen Kathryn</u>	<u>918 Lithia Pinecrest Rd.</u>	<input type="checkbox"/> Add
		<u>Brandon, FL 33511</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Towes John A.</u>	<u>918 Lithia Pinecrest Rd.</u>	<input checked="" type="checkbox"/> Add
		<u>Brandon, FL 33511</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Zuluaga Mavela</u>	<u>918 Lithia Pinecrest Rd.</u>	<input checked="" type="checkbox"/> Add
		<u>Brandon, FL 33511</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Lanza Mariel</u>	<u>918 Lithia Pinecrest Rd.</u>	<input checked="" type="checkbox"/> Add
		<u>Brandon, FL 33511</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated September 11 . 2020 .

Signature of a member or authorized representative of a member

Jhan A. Torres
Typed or printed name of signer

Filing Fee: \$25.00