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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Coast (O Hage Fo	ern LLC.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Theises	Name of Person	185- assell
		Firm/Company	
	879 N.	appalac	hian Terrace
	Crystal	Riv/State and Zip Code	34429
	I-mail address: (1	a be 11500 to be used for future annual report notif	net ication)
For further information co	oncerning this matter, please ca	ıll:	
Theresa Name of	CSSell Person	at (385) 973 Area Code Daytime	2 0038 E Telephone Number
Enclosed is a check for th	e following amount:		1
\$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Liabil Florida document number <u>L1900015</u>	lity Company were filed on JUNE 17, 20	019 and	assigned
Florida document number <u>L1700013</u>	9 170		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ente</u> <u>address here</u> :	erathe name	e of the new
Name of New Registered Agent:			9
New Registered Office Address:			
	Enter Florida street address , Florida		<u> </u>
-	Cuy	Zip Co	de

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>	Name	Address	Type of Action
MBR_	Suson E. TROY	3805 N. Timucua Pt CRYSTAI KINER, TI.	1 SYASA
			□ Remove
			Change
			□ Add
			□ Remove
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(If an effe	ve date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated >	July 5, 2019 Therenker assell Dosa E. Just
	Signature of a member or authorized representative of a member
	Theresa Reeves-Cussell Susaw E. TRCY Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00