

L19000175571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

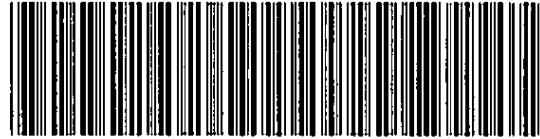
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COASTAL ARCHITECTURE + DEVELOPMENT GROUP, PLLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN T. BROWN  
Name of Person

COASTAL ARCHITECTURE + DEVELOPMENT GROUP, PLLC.  
Firm/Company

104 DEGAS DRIVE  
Address

NOKOMIS, FL 34275  
City/State and Zip Code

johnb@coastalarchitecturedg.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN T. BROWN at (941.) 893.3775  
Name of Person Area Code Daytime Telephone Number  
ALT. (330.) 289.2872

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

COASTAL ARCHITECTURE + DEVELOPMENT GROUP, PLLC

(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 JULY 8, 2019 and assigned Florida document number L19000175571.

This amendment is submitted to amend the following:

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

N/A - (NAME TO REMAIN THE SAME.)

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 ADDRESS)

N/A - (ADDRESS TO REMAIN THE SAME.)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A - (TO REMAIN THE SAME.)

**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:

N/A - (TO REMAIN THE SAME.)

New Registered Office Address:

JOHN T. BROWN.

Enter Florida street address

Florida

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.*

N/A - (TO REMAIN THE SAME.)

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>
MGR	MARLA K. BROWN	104 DEGAS DRIVE	<input type="checkbox"/> Add
		NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN T. BROWN	104 DEGAS DRIVE	<input checked="" type="checkbox"/> Add
		NOKOMIS, FL 34275	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I NEED TO MAKE SURE THAT MY NAME,

JOHN T. BROWN

SHOWS UP AS THE "REGISTERED AGENT" AS WELL  
AS THE "MANAGER - MGR".

BOTH SHOULD BE ONLY

JOHN T. BROWN.

THANK YOU!

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TALLAHASSEE, FLORIDA

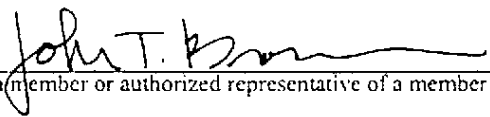
E. Effective date, if other than the date of filing: 8.8.2019 (or Date of Filing.) (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AUGUST 17, 2019.

  
Signature of a member or authorized representative of a member

JOHN T. BROWN

Typed or printed name of signee