

L19 000 180937

(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



000344871160 ✓

05/26/20--01020--021 \*\*35.00

S TALLENT  
JUN 24 2020

2020 JUN 22 AM 8:11

NLC



2020 JUN 22 PM 1:31

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2020

MIGUEL A. GARCIA  
COUNTDOWN COAST, LLC  
624 GEORGIA AVE  
MELBOURNE, FL 32901

SUBJECT: COUNT DOWN COAST, LLC  
Ref. Number: L19000180937

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA 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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 120A00011760

# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: Count Down Coast, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Miguel Garcia  
Name of Person

Countdown Coast  
Firm/Company

624 Georgia Ave.  
Address

Melbourne, FL 32901  
City/State and Zip Code

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

For information concerning this matter, please call:

Miguel Garcia at (321) 474-4032  
Name of Person Area Code Daytime Telephone Number

Please send a check for the following amount:

- |                                     |  |  |  |
|-------------------------------------|--|--|--|
| <input type="checkbox"/> 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) |
|-------------------------------------|--|--|--|

**Filing 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

COUNT DOWN COAST, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 07/15/2019 and assigned  
the document number L19000180937.

An amendment is submitted to amend the following:

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

Countdown Coast, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**new principal offices address, if applicable:**

N/A

**Principal office address MUST BE A STREET ADDRESS**

**new mailing address, if applicable:**

N/A

**Mailing address MAY BE A POST OFFICE BOX**

**Ending 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

**New Registered Office Address:**

Enter Florida street address

Florida

City

Zip Code

**Registered Agent's Signature, if changing Registered Agent:**

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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**

**R = Manager**  
**3R = Authorized Member**

**3R = Authorized Member**

**Type of Action**

☐ Change

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

N/A

Effective date, if other than the 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)

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

If I specify a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filing date.

June 19, 2020



Signature of a member or authorized representative of a member

Miguel Garcia

Typed or printed name of signee