

L19 000181585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

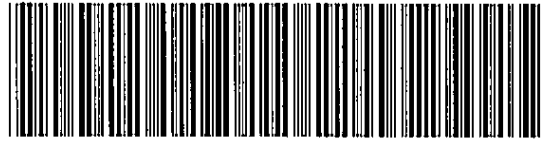
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: h

Office Use Only



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06/19/19--01008--006 **35.00

05/20/19--01011--021 **25.00

2019 AUG 19 PM 12:40

AUG 19 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2019

GWEN VIGON
5190 PALE MOON DRIVE
PENSACOLA, FL 32507

SUBJECT: COASTAL LAUNDRY SERVICES LIMITED LIABILITY COMPANY
Ref. Number: L19000181585

We have received your document for COASTAL LAUNDRY SERVICES LIMITED LIABILITY COMPANY and check(s) totaling \$60.00. 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 Foreign LLC to file amendment., but your entity is a Florida LLC.. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mei Solomon
Regulatory Specialist II Supervisor

Letter Number: 019A00016767



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2019

GWEN VIGON
5190 PALE MOON DR
PENSACOLA, FL 32507

SUBJECT: COASTAL LAUNDRY SERVICES LIMITED LIABILITY COMPANY

We have received your document for COASTAL LAUNDRY SERVICES LIMITED LIABILITY COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 419A00013317

RECEIVED
JUL 31 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coastal Laundry Services Limited Liability Company
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:

Gwen Vigon

Name of Person

Firm/Company

5190 Pale Moon Drive

Address

Pensacola, Florida 32507

City/State and Zip Code

gwenvigon@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gwen Vigon at (310) 795-1389
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$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)

*PAID AND
CASHED
(SEE COPY)*

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

*PAID -
SEE CASHED
CHECK*

RECEIVED
AUG 19 2019

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

Coastal Laundry Services Limited Liability Company

(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 07/25/2019 and assigned Florida document number L19000181585.

This amendment is submitted to amend the following:

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

Coastal 360 Limited Liability Company

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

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

NOT AMENDING N/A

New Registered Office Address:

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.

(NOT CHANGING)

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>
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2009
AUG 19
P 12:40

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

Multiple horizontal lines provided for entering amendments or changes to the document.

2019 AUG 19 PM 12:40
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STATE DEPARTMENT OF REVENUE

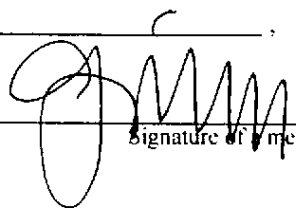
E. Effective date, if other than the date of filing: _____ (optional)

(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)

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 member or authorized representative of a member

Gwen Vigon

Typed or printed name of signee