

L19 000 / 93368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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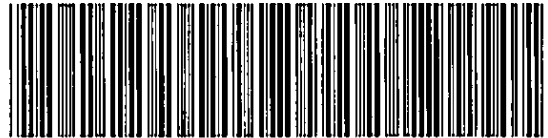
(Business Entity Name)

(Document Number)

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2019 OCT -7 AM 11:09

RECEIVED  
(10/07/19)

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COASTAL PARKING LLC  
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:

GREG OSWALT, CPA

Name of Person

GSOCPA LLC

Firm/Company

151 REGIONS WAY STE 5D

Address

DESTIN, FL 32541

City/State and Zip Code

GOSWALT@COX.NET

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

For further information concerning this matter, please call:

GREG OSWALT 850 654-9054  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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 PARKING LLC

201907-7 AM 11:09

(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 29, 2019 and assigned  
Florida document number L19000193368.

This amendment is submitted to amend the following:

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

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)

8597 MOUNTAIN CITY RD

BAKER, FL 32531

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8597 MOUNTAIN CITY RD

BAKER, FL 32531

**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:

JOSHUA B. NELSON

New Registered Office Address:

8597 MOUNTAIN CITY RD

*Enter Florida street address*

BAKER

*City*

Florida 32531

*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>
AMBR	AUSTEN STUCKI	82 VETERANS RD LOT 6	<input type="checkbox"/> Add
		SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JOSHUA B. NELSON	3622 MOUNTAIN CITY RD	<input type="checkbox"/> Add
		WING, AL 36483	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSHUA B. NELSON	8597 MOUNTAIN CITY RD	<input checked="" type="checkbox"/> Add
		BAKER, FL 32531	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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 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.

\*  Signature of a member or authorized representative of a member

Typed or printed name of signee