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## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** Coastal Employment Services, LLC SUBJECT: 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: Cameron Gore Name of Person Coastal Employment Services, LLC Firm/Company 2875 Ashton Road Unit 20623 Address Sarasota, FL 34231 City/State and Zip Code megan@coastalgroup.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Megan Wedig Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Employment Services, LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	nv as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000202786</u>	were filed on 8/9/2019 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	618 Capistrano Drive			
(Principal office address MUST BE A STREET ADDRESS)	Nokomis. FL 34275-5803			
Enter new mailing address, if applicable:	2875 Ashton Road Unit 20623			
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34231			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	ст, пр соче			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			
If Char	ging Registered Agent, Signature of New Registered Agent			

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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>	Type of Action
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Filing Fee: \$25.00