# LRC CCCC 74933

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(,
PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

SUBJECT: COQS	Hine Clean Name of Lim	ited Unbility Company	s, LLC
	Amendment and fee(s) are sub	_	
ricase return an correspon	idence concerning this matter	to the following.	
	David +	tutchin son Name of Person	
	Coastine C	Vanna Sol	utions, LLC
	1502 0	and St.	
	Panama	City, Fi 3	32409
	Coastline proj	City/State and Zip Code  ON THE SOLUTION TO be used for future annual report	nsa yahoo com
For further information co	oncerning this matter, please co	all:	
David Hutz Name of	Nin SOM Person	at (SSU) 5 Area Code D	97-3653 aytime Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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)

TO:

Registration Section Division of Corporations

Mailing 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

Coastine Cleaning (Name of the Limited Liability Compa (A Florida Limited)	Any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\_L2000029533$		<u>.</u> -	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah COASTINE FINE Cleaning L	LC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbrevi	N	L.C."
Enter new principal offices address, if applicable:	•	· '_	<u> </u>	<del></del>
(Principal office address MUST BE A STREET ADDRESS)		- 1	رين ا	
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			PH	. 17
Enter new mailing address, if applicable:		, ; = <del>-</del> -	75	·
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	36	20	
WHITE WATER THE PROPERTY OF THE POST OF THE POST OF				<del></del>
		+		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of	the nev	w registered
Name of New Registered Agent:		<del></del>		
New Registered Office Address:				
	Enter Florida street address			
		a		
	City		io Code	<del></del>

### 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>	Address	Type of Action
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an effective	ate, if other that date is listed, the di-	ate must be specif	fic and cannot be prior	r to date of filing or mo	re than 90 days afte	ional) r filing.) Pursuant to	605.0207
ocument's	effective date on	the Departmen	nt of State's records	i.	requirements, in	is date will not be	nsted as
	cifies a delayed e	ffective date, by	ut not an effective t	ime, at 12:01 a.m. or	n the earlier of: (1	b) The 90th day a	ifter the
record spec						·	
record spec d is filed.							
d is filed.			,	·			
record spec d is filed. Dated		Qu. 7		orized representative o			

Filing Fee: \$25.00