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COVER LETTER

Division of Corporations
SUBJECT: COASTAL PAINTING + WATERPROOFING SOLUTIONS, LL 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:
FRANK WALDRON Name of Person
COASTAL PAINTING + WATER PROOFING SOLUTIONS, LLC FIRM/Company
4611 SW 47 COURT
BELL FL 32619 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRANK WALDRON at (352) 221-0875 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)

TO:

Registration Section

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**

COASTAL PAINTING + WATERPROOFING SOLUTIONS, LLC
(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	FEB. 5 2010 and assigned
Florida document number <u>L200000 42 38</u> 2	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the d	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	202
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	<u> </u>
Enter new mailing address, if applicable:	% ∞ □
(Mailing address MAY BE A POST OFFICE BOX)	= 0
Truing dates MAT BE AT OST OFFICE BOA	
	
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	ecords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	ida street address
	. Florida
City	Zip Code

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
AMBR	CODY TIMMER	4611 SW 47 CT. BELL, FL 32619	
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an effective date ote: If the dat	, if other than the da e is listed, the date must be te inserted in this block ective date on the Depa	specific and cannot does not meet th	t be prior to date of e applicable stat	f filing or more that	n 90 days after fil	ing.) Pursuant to 605.0
record enecific	es a delayed effective da					The 90th day after t
is filed.						
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