## L20000051387

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> 2022 SEP -6 AHIO: 02 SECRETARY OF STATE TALLAHASSEE, FL

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## **COVER LETTER**

TO:

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration S Division of Co					
_	Estates, LLC				
SOBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Mitchell Parker				
	Name of Person  Best Coast Estates, LLC				
	Best Coast Estates, LLC				
Firm/Company 2800 N 6TH ST. UNIT 1 PMB 936					
	SAINT AUGUSTINE, FL	32084			
		City/State and Zip Code			
	MITCH@BESTCOASTES				
		to be used for future annual report notific	ation)		
For further information	concerning this matter, please ea	all:			
Mitchell Parker		904 323-1511 at ( )			
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)		
<u>Mailing Addra</u> Registration		<u>Street Address:</u> Registration Sect	ion		

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

Best Coast Estates, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000051387</u>	pany were filed on February 13th, 2020	and assigned
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 I	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES:	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2022 SEP SECRET
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	lice address on our records, <u>enter the n</u>	AMIO: OF S SSEE.
Name of New Registered Agent:		TATE FL
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	City	Ziv Code

New Registered Agent's Signature, it 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 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
MGR	John Louis	151 7th St S. Apt 642, St. Petersburg, FL, 33701	🗆 Add
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Effective date, if other than the off an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the appli	icable statutory filing	(options ore than 90 days after filing requirements, this days	<b>il)</b> ng.) Pursuant to 605.0207 (3 ite will not be listed as th
se record specifies a delayed effective ord is filed.	date, but not an effective	time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
Dated September 1st	. 2022	·		
	<del> </del>			
1	Signature of a member or aut	horized representative	of a member	