## K20000378321

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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2022 SEP -6 PH 2: 41

## COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT: Coasial Tac	co LLC		
SUBJECT: STATE	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nuted for filing.	
	ondence concerning this matter		
	Amy Powell		
		Name of Person	
	Constal Face ULC	Firm/Company	
	14601 Gulf Blvd	Address	
	Madeira Beach, Fl. 33708		
		City/State and Zip Code	-
	powellab10@yahoo.com E-mail address: (	to be used for future annual report noti	fication)
For further information c	concerning this matter, please ea	att:	
Amy Powell		at (813 ) 507-0500 Area Code Daytim	
Name (	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
€ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (adminimal copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		<u>Street Address:</u> Registration Se	ction
Registration Division of C		Division of Cor	rporations
P.O. Box 63		The Centre of T	Fallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Taco LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 12/03/2020	and assigned
Florida document number L20000378321		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or i	he abbreviation "L.I. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	· <u> </u>	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BON)		TAPECH T
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:		
D. Hamanding the registered agent and/or registered offi	ice address on our records, enter the	name of the new restered
agent and/or the new registered office address here:		PM 2: OF SI SSEE.
		E 31 55
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	II
	City	Zip Casic

## 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 hability 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
			clAdd
			lRemove
			C.Change
			: Add
			□ Remove
			L7Change
		Add	
		IAdd	
		**************************************	
		i Add	
		L.Remove	
			Change
			TiChange

77	ne correct FEI/EIN is: 85-4120906.
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ote: I	re date, if other than the date of filing:  (optional)  three date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
ecord is tile	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 d.
ated -	July 20th 2022
	i. 12 D
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00