12000391558

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(Business Entity Name)
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A. RIVERS

JUN - 4 2023

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	rican Layout LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please, return all correspo	indence concerning this matter	to the following:	
	Joseph J. Meixl		
		Name of Person	
	North American Layout LI	LC.	
	•	Firm/Company	
	1844 28th St. S		
		Address	····
	St. Petersburg FL. 33712		
		City/State and Zip Code	
	Laserlayout@outlook.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
Joseph J. Meixl		507 340-3800	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy(additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

North American Layout LLC					
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)				
The Articles of Organization for this Limited Liability Cor Florida document number <u>L20000391558</u>	ompany were filed on 12/15/2020 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company here:				
Suncoast Systems L.L.C.					
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	1844 28th St. S				
(Principal office address MUST BE A STREET ADDRE	ESS) St. Petersburg FL				
	33712				
Enter new mailing address, if applicable:	1844 28th St. S				
(Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg FL				
Aruning und Ess out FOE 11 OUT OF FICE DON	33712				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: N/A	office address on our records, enter the name of the new register				
New Registered Office Address: N/A	2029 1741				
	Enter Florida street address , Florida				
	City 2ip Code				
New Registered Agent's Signature, if changing Registered	Agent:				
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con	and agree to act in this capacity. I further agree to comply with the implete 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
			□Add
			□Remove
			□Change
			□Add
		···	Remove
			□Change
			□Add
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			Change
			□Add
			Remove
			□Change
			□Add
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			Change
			□Add
			Remove
			Change.

					
					
					
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				-	
					
: Hactive data if ather than the	date of filing:			(optional)	
Ffective date, if other than the fan effective date is listed, the date mus	t be specific and canno	t be prior to date of	filing or more than 9	00 days after filing.) P	ursuant to 605.020
Note: If the date inserted in this blo document's effective date on the De			tory tiling require	ments, this date wi	ii not de listed a
e record specifies a delayed effective rd is filed.	e date, but not an eff	fective time, at 12	:01 a.m. on the ea	arlier of: (b) The 9	Oth day after the
April 16 Dated	202	3			
1/1	<u> </u>	<u> </u>			
/ kent 11	: ::::::::::::::::::::::::::::::::::::				

Filing Fee: \$25.00