

L21000042476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

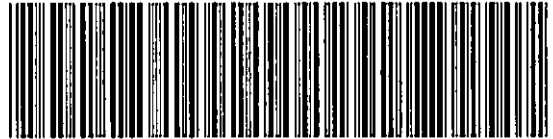
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2022 JUL -1 AM 6:52

O SIMMONS

JUN 07 2021



RECEIVED

2021 JUN -1 AM 10:52

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRET  
TALLAHASSEE

April 28, 2021

MIA SIMON  
626 FLATBUSH AVE, #5D  
BROOKLYN, NY 11225

SUBJECT: COAST2COAST CONTENT, LLC  
Ref. Number: L21000042476

Please mail any additional  
responses to: Mia Simon  
1803 Thornsbrook Drive  
Glenmont, NY, 12077

(not permanent mailing address) just

We have received your document for COAST2COAST CONTENT, LLC and your temporary  
check(s) totaling \$25.00. However, the enclosed document has not been filed  
and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or  
it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One  
or more major words may be added to make the name distinguishable from the  
one presently on file.

The document number of the name conflict is B15000000058.

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 121A00008746

Thank you so  
much!!!!

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COAST2COAST CONTENT, LLC

\_\_\_\_\_  
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:

Mia Simon

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

626 Flatbush Avenue, #5D

\_\_\_\_\_  
Address

Brooklyn/New York 11225

\_\_\_\_\_  
City/State and Zip Code

miasimon20@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mia Simon

954

326-4197

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)

**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**

2022 JUL -1 AM 6:52

COAST2COAST CONTENT, 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 January 22, 2021 and assigned  
Florida document number L21000042476

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

~~SIMON GROUP, LLC~~ The Content Studio, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

Florida

*Zip Code*

**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**

**MGR = Manager**  
**AMBR = Authorized Member**

Title	Name	Address	Type of Action
AMBR	Steven Simon	2011 North Ocean Blvd., Fort Lauderdale, FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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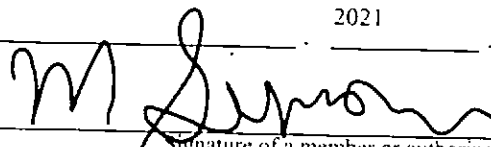
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 22, 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Mia Simon

\_\_\_\_\_  
Typed or printed name of signee