

W21 0000 70540

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(City/State/Zip/Phone #)

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(Business Entity Name)

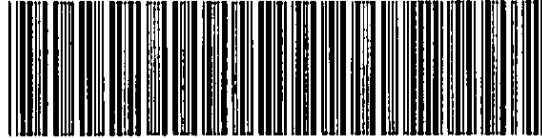
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21 JUL - 1 PM 3:25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Blue Coast Insurance Group PLLC
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:

Anthony Mulai
Name of Person

Infinity at Brickell
Firm/Company

60 SW 13th St. #2820
Address

Miami/FL 33130
City/State and Zip Code

legal@blue-coast.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Mulai at (904) 4012321
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**

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Blue Coast Insurance Group PLLC

(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 February 10th 2021 and assigned Florida document number L21000070540.

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 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)

60 SW 13th St. #2820

Miami, FL 33130

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

60 SW 13th St. #2820

Miami, FL 33130

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

_____, **Florida** _____
City *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

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Barry Kaufman	60 SW 13th St. #2820	<input type="checkbox"/> Add
		Miami, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anthony Mulai	60 SW 13th St. #2820	<input type="checkbox"/> Add
		Miami, FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Anthony Mulai	60 SW 13th St. #2820	<input checked="" type="checkbox"/> Add
		Miami, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Anthony Mulai is to be designated as principal. Barry Kaufman is to be removed as manager.

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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 605.02107 (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 _____

anthony mulai

Signature of a member or authorized representative of a member

Anthony Mulai

Typed or printed name of signee