

L21 0000 70540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

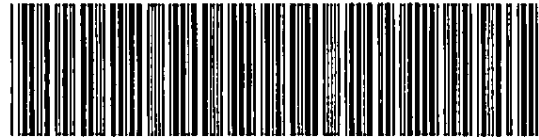
(Business Entity Name)

(Document Number)

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11/19/21--01008--028 \*\*200.00

FILED  
2021 DEC 29 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC  
MC  
Amend  
11/4/22  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2021

BARRY KAUFMAN  
16255 SW 117TH AVE  
UNIT 2  
MIAMI, FL 33177

SUBJECT: BLUE COAST INSURANCE GROUP PLLC  
Ref. Number: L21000070540

We have received your document and check(s) totaling \$200.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

In order to file an amendment, the entity must be active on our records. Once the Revocation of Dissolution document is corrected and filed, the Amendment can be filed.

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.

Querida R Silas  
Regulatory Specialist II

Letter Number: 521A00029755

## 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:

Barry Kaufman

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

Live In Construction, LLC

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

16225 SW 117th Ave Unit 2

\_\_\_\_\_  
Address

Miami, FL 33177

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

info@LiveInSolar.com

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

For further information concerning this matter, please call:

Barry Kaufman

561 674-1727

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**

Blue Coast Insurance Group, PLLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2021 DEC 29 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

The Articles of Organization for this Limited Liability Company were filed on 2-10-2021 and signed  
Florida document number 1.21000070540

This amendment is submitted to amend the following:

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

Live In Construction, 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:**

16225 SW 117th Ave Unit 2 Miami, FL 33177

**(Principal office address MUST BE A STREET ADDRESS)**

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

16225 SW 117th Ave Unit 2 Miami, FL 33177

**(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:

Barry Kaufman

New Registered Office Address:

16225 SW 117th Ave Unit 2

*Enter Florida street address*

Miami


Florida 33177

*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.*

  
Barry Kaufman  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Anthony Mulai	60 SW 13 St #2820 Miami, FL 33130	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Barry Kaufman	16225 SW 117th Ave Unit 2 Miami, FL 33177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mark Hutcheson	16225 SW 117th Ave Unit 2 Miami, FL 33177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HSS Construction & Design, LLC	16225 SW 117th Ave Unit 2 Miami, FL 33177	<input checked="" type="checkbox"/> Add
			<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.)*

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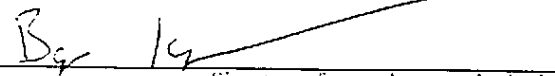
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**E. Effective date, if other than the date of filing:** 10-16-2021 **(optional)**

(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 December 25 , 2021

  
Signature of a member or authorized representative of a member

Barry Kaufman  
Typed or printed name of signee