

121 0000 70540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2021 DEC 29 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC

MC

Amend

1/4/22
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)

The Articles of Organization for this Limited Liability Company were filed on 2-10-2021

Florida document number 121000070540

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.

Dated December 25, 2021

Barry Kaufman

Typed or printed name of signee

Filing Fee: \$25.00