## L21000011835

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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DEC 17 2021 I ALBRITTON

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

·		_ <del></del>
COASTAL BARR	ICADES OF FL LLC	
		<del></del>
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH		UCC 1 or 3 File
Nama	Date Time	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier



December 15, 2021

CAPITAL CONNECTION, INC.

SUBJECT: COASTAL BARRICADES OF FL LLC

Ref. Number: L21000071835

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You failed to sign the form as a printed signature is not acceptable.

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.

Irene Albritton Regulatory Specialist III

Letter Number: 721A00030221

December 13, 2021

CAPITAL CONNECTION, INC.

SUBJECT: COASTAL BARRICADES OF FL LLC

Ref. Number: L21000071835

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to indicate what action to take with the manager/members listed.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 321A00029971

2021 DEC 14 PM 2: 4

## **COVER LETTER**

TO: Registration Section

P.O. Box 6327

Tallahassec, FL 32314

Division of Corporations

COASTAL SUBJECT:	BARRICADES OF FLILLC		
abblect:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	EMANUELLE OLIVEIRA	\ 	
		Name of Person	<del></del>
	OPTION ONE INC		
		Firm/Company	
	9715 SANDALFOOT BL	av	
		Address	<del> </del>
	BOCA RATON, FL 33428	3	
		City/State and Zip Code	······································
	EMANUELLE@ACCOUN	FFANT.COM to be used for future annual report notific	outions.
For further information ed	oncerning this matter, please c	·	
EMANUELLE OLIVEIR	RA	561 299,7414	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 Addres Registration S Division of C	Section	Street Address: Registration Sect Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T	0	يت
ARTICLES OF C	RGANIZATION	
0	F	
		5
COASTAL BARRICADES OF FL LLC		9
(Name of the Limited Liability Compa (A Florida Limited I	Jability Company)	(ards.)
The Articles of Organization for this Limited Liability Company	were filed on 2/11/21	and assigned 2
Florida document number 1.21000071835	<del></del>	<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation."	LLC" or the abbreviation "L.L.C."
•	7958 NW 66TH TER	
Enter new principal offices address, if applicable:  (Principal office uddress MUST BE A STREET ADDRESS)	PARKLAND, FL 33067	
(Frincipia office maness of OST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	7958 NW 66TH TER	
(Mailing address MAY BE A POST OFFICE BOX)	PARKLAND, FL 33067	
<del>-</del>	<del></del>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>en</u>	ter the name of the new registered
agent and the new registered direct man east nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
	, Florida	
New Port and American Control of the	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	r, and I am familiar with and 95, F.S. Or, if this document is
If Char	iging Registered Agent, Signatu	ire 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>	Address	Type of Action
AMBR	WAGNER L. MICHETTI	7958 NW 66TH TER	MAdd
		PARKLAND, FL 33067	☐ Remove
			□Change
MGRM	ANDRE L. DO NASCIMENTO	4400 N FEDERAL HWY SUITE 1	DAdd
		BOCA RATON, FL 33431	Remove
			□Change
	<del></del>		□Add
			Remove
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Tective date, if other than the dat neffective date is listed, the date must be s ter. If the date inserted in this block of cument's effective date on the Depart	specific and cannot be prior to does not meet the applicabl	date of filling or more than 90 day	(optional) ys after filing.) Pursuant to 605,0207 its, this date will not be listed as
ecord specifies a delayed effective dat is filed.	e, but not an effective time	, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
DECEMBER USTH	. 2021		
/s/ Wagn	er Liberal Michetti	ed representative of a member	

Filing Fee: \$25.00