

L21000098895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

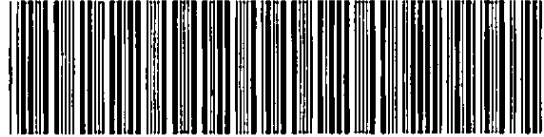
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/19/21--01020--001 **25.00

2021 JUN 19 AM 6:37

O SIMMONS
JUN 23 2021

Bajo | Cuva | Cohen | Turkel
ATTORNEYS AT LAW

May 7, 2021

VIA FEDEX

Florida Department of State
Division of Corporations
Corporate Filings
Post Office Box 6327
Tallahassee, FL 32314

Re: Amending Articles of Organization of Coastal Pointe Construction, LLC

Dear Sir or Madam:

Enclosed for filing pursuant to 605.0202 *Fla. Stat.* are the following:

- 1) Articles of Amendment to Articles of Organization of Coastal Pointe Construction changing the principal and mailing dress of the company and removing Lizbeth Esteves and Jessica Aguiar as a Managers.
- 2) A check in the amount of \$25.00 which represents the filing fee.

Thank you for your assistance with respect to the processing and filing of the enclosed.

Sincerely,



Maritza Ravelo
Paralegal

/mr
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL POINTE CONSTRUCTION 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:

JOHN J. AGLIANO

Name of Person

BAJO CUVA COHEN TURKEL

Firm/Company

100 N. TAMPA STREET SUITE 1900

Address

TAMPA, FL 33602

City/State and Zip Code

JAGLIANO@BAJOCUIVA.COM

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

For further information concerning this matter, please call:

JOHN J. AGLIANO

813

443-2199

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**

2021 MAY 19 AM 6:37

COASTAL POINTE CONSTRUCTION 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 03/01/2021 and assigned
Florida document number 1.21000098895.

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)

4211 W. WATERS AVENUE

SUITE A

TAMPA, FL 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4211 W. WATERS AVENUE

SUITE A

TAMPA, FL 33614

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|------------------------|--|
| MGR | LIZBETH ESTEVES | 14227 SPRINGHILL DRIVE | <input type="checkbox"/> Add |
| | | SPRINGHILL, FL 34609 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JESSICA AGUIAR | 7314 HOURGLASS DRIVE | <input type="checkbox"/> Add |
| | | APOLLO BEACH, FL 33572 | <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.)

221141 15

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 MAY 5, 2021

Signature of a member or authorized representative of a member

LIZBETH ESTEVES

Typed or printed name of signee

Filing Fee: \$25.00