

L21000114913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK UP     WAIT     MAIL

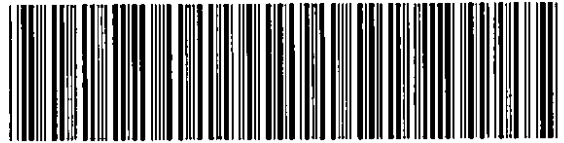
(Business Entity Name)

(Document Number)

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2022 JUN 10 AM 6:12

O SIMMONS  
JUN 15 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 JUN 10 AM 11:23

May 28, 2021

COURTNEY MAY  
8880 124TH ST  
SEMINOLE, FL 33772

SUBJECT: COASTAL EVENTS, LLC  
Ref. Number: L21000114913

We have received your document for COASTAL EVENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The registered agent must sign accepting the designation.

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 521A00011625



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

COASTAL EVENTS, LLC

2022 JUN 10 AM 6:12

(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 MARCH 10TH, 2021 and assigned Florida document number 1.21000114913.

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**(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: JOSHUA LEE HILLIARD

New Registered Office Address: 12141 117TH STREET  
*Enter Florida street address*

LARGO Florida 33778  
*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	JOSHUA LEE HILLIARD	12141 117TH STREET, LARGO FL 33778	<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
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