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# 121000209173

(Requestor's Name) (Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T. MATTHEWS

JAN 1 2 2022

## **COVER LETTER**

TO: Registration Section

Division of Corporations				
Coastal Ou	teast LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ruslan Rili			
		Name of Person		
	Coastal Outcast			
	•	Firm/Company	<del></del>	
	314 Sand Oak Blvd			
	· · · · · · · · · · · · · · · · · · ·	Address		
	Panama City Beach, FL 32	2413		
		City/State and Zip Code	<del></del>	
	coastaloutcast850@gmail.c	om to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c			
Ruslan Rili		850 708-4494		
Name of Person		at () Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	ne 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		Street Address:		
Registration Section Division of Corporations		Registration Se		
P.O. Box 632	-		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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

Coastal Outcast LLC	22 11:1-3 Fii	3: 14
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Con	mpany were filed on 05/05/2021	and assigned
Florida document number L21000209173	<u>-</u>	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	:SS)	
-		
nter new mailing address, if applicable:	-	
Mailing address MAY BE A POST OFFICE BOX)		···
3. If amending the registered agent and/or registered ogent and/or the new registered office address here:	office address on our records, enter the	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	Zin Coda

### 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
	4

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Ruslan Rili	314 Sand Oak Blvd, Panama City Beach, FL 32413	<b>≡</b> Add
			□Remove
			🗆 Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
		<del> </del>	□ Change
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			□ Remove
			Change
			□Add
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			Change

	Authorized Representatives for Coastal Outcast LLC.
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CC	
an cfi Note:	ive date, if other than the date of filing:
recor d is fi	d 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 led.
ated	December 13 2021
aicu	$\overline{\hspace{1cm}}$
	A A A A A A A A A A A A A A A A A A A

Typed or printed name of signee