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(I	Requestor's Name)	
(,	Address)	
	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of	Status
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COVER LETTER

TO: Registration S Division of Co			
	OORAL SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	ALBERTO SUAREZ		
		Name of Person	
		Firm/Company	
	2922 HARRISON AVE A	PT A	
		Address	
	PANAMA CITY, FLORII	DA 32405	
	DORISOROPEZAR@GMA	City/State and Zip Code AIL.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
ALBERTO SUAREZ		850 980-3156	
Name	of Person		: Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fce & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Second Division of Corporate of Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANAMA BEACH DEMOLITION & CLEANING 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 06/14/2021 and assigned Florida document number _____L21000276648 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COAST DORAL SERVICES 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: (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: ALBERTO ALEXANDER SUAREZ OROPEZA Name of New Registered Agent: 2922 HARRISONAVE APT A New Registered Office Address: Enter Florida street address , Florida <u>32403</u> PANAMA CITY

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.

City

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>	Address	Type of Action
AMBR	ALBERTO ALEXANDERSUARE	2922 HARRISON AVE APT A PANAMA CITY	FL32
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ffective	date, if other than the date of filing: (optional) ve 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
an effecti	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
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Filing Fee: \$25.00