## 121000293816

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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## **COVER LETTER**

	Registration Se Division of Cor		÷			
SUBJEC	Coastal Bin Cleaners					
JOBH C	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Larry Wildhaber				
			Name of Person			
		Coastal Bin Cleaners				
			Firm/Company			
		205 S Charlene Drive				
			Address			
		Panama City, FL 32404				
			City/State and Zip Code	<del></del>		
		coastalbincleaners@gmail.c				
		E-mail address: (	to be used for future annual report notif	ication)		
For furth	er information co	oncerning this matter, please co	all:			
Larry W	ildhaber		417 217-8918 at ()			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	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 S		Street Address: Registration Sec	tion		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Will. 20 41 7:03

Coastal Bin Cleaners		•
(Name of the Limited Liab (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L21000293816	Company were filed on 6/24/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		····
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter th</u> g:	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	Flori	
	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>	7: 0: 11: 7: 0: 11: 7: 0: 11: 11: 11: 11: 11: 11: 11: 11: 11:	Type of Action
AMBR	Eric Baker	11927 NAND	INA STREET FOUNTAIN, FL 32	
			·	<b>≅</b> Remove
		<del></del>		□Change
		<del></del>		🗀 Add
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				□Remove
				□Change

	Cleaners. Please remove Eric from the company's info and show Larry as 100% owner. We are not sureyif Larry's
	title would need to be change to manager due to being sole owner but if so please update that as well.
(If an el <u>Note:</u>	ive date, if other than the date of filing:
the reco cord is fi	rd 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.
Dated	9/21/21
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00