Division of Corporations Electronic Filing Cover Sheet

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(((H21000294257 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _

AUG 0 4 2021

A. LUNT

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COASTAL SHORES CONSTRUCTION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

15612148442

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Coastal Shores Construction, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our Liability Company)	. records.)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{08/02/202}{}$	and assigned
Florida document number L21000349067		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Coastal Shore Construction, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		22 13.55 5 5 5
		E Zñ
		ω
Enter new mailing address, if applicable:		2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
(Muiling address MAY BE A POST OFFICE BOX)		≦ و €
		_ 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records Enter Florida stree	
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my du	ities, and I am familiar with and er 605, F.S. Or, if this document is

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

15612148442

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			200 AUG 3 APP CHARTON
		4	☐Remove 영상
		400,000	□Add
			□Remove
			☐ Change
			□Add
			Петоче
			□Change
			□Add
			Remove
			☐ Change

Filing Fee: \$25.00

Typed or printed name of signee