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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations					
SUBJECT: <u>Co</u>	ast to Coast Name of Lin	Mechanical Company	contractors LLC		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	OLga	Gokelova Name of Person			
	Coast to	Coast Mechani Firm/Company	cal Contractors LLC		
	290 - 174	Street #511			
		Address			
	011	Isles Beach, FL City/State and Zip Code Pice @ ctcmech.	. Com		
Dan Garden in Communication		to be used for future annual report notif	lication)		
•	concerning this matter, please c				
Olga GTG	orelove	at (<u>7/8</u>) 9/3 00	22_ *Talanhara Manakar		
V	of Ferson	Area Code Dayting	e receptione Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addre</u> Registration		Street Address:	ction		
Division of C		Registration Section Division of Corporations			
P.O. Box 632	27	The Centre of T	<u>-</u> '		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coast to Coast Mechanical Contractors, LL (1822 AUG - 1)
(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 August 09, 2021 and assigned 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 "LLC." 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: Olga Gorelova 290-174th Street #511 Enter Florida street address Name of New Registered Agent: New Registered Office Address:

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.

Boxeloea

Sunny Isles Beach Florida 33/60

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

Type of Action Title Name Address 1000 Parkview Dr Suit 110 DAdd Hallandale, FL 33009 _____ Change Dmytro Chashchyn 290-174 th Street # 1905 DAdd Sunny Isles Beach, FL 33160 ☐ Change □Add Remove □Change _____ □Add _ □Change □Add ____ □Add Remove

					
				 	
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ective date, if other that effective date is listed, the da te: If the date inserted in t ument's effective date on	his block does no	ot meet the applica	to date of filing or mo able statutory filing	re than 90 days after filir requirements, this da	g.) Pursuant to 605.0207 e will not be listed as
cord specifies a delayed ef s filed.				n the earlier of: (b)	The 90th day after the
ed 07/11		2022	<u> </u>		
	Book	NXO			
	Signature of	I a member or autho	rized representative of	of a member	