

L21000358808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

304
file an amend.

Office Use Only



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2022 OCT 31 PM 3:28

Amend/Name Change

NOV 01 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Collaborative Family Law, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cody Ibasfalean
Name of Person

Coastal Collaborative Family Law, LLC
Firm/Company

Po Box 190
Address

Terra Ceia, FL 34250
City/State and Zip Code

Codyi@CoastalCollaborativeFL.com
e-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cody Ibasfalean at (941) 265-7720
Name of Person Area Code Daytime Telephone Number

2022 OCT 31 PM 3:28

Enclosed is a check for the 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) |
|---|--|--|---|

Check sent in prior
See letter #

Mailing Address:

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

Street Address:

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

032A00022183



RECEIVED

2022 OCT 31 PM 12:30

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2022

CODY IBASFALEAN, ESQUIRE
COASTAL COLLABORATIVE FAMILY LAW
PO BOX 190
TERRA CEIA, FL 34250

SUBJECT: COASTAL COLLABORATIVE FAMILY LAW, LLC
Ref. Number: L21000358808

We have received your document for COASTAL COLLABORATIVE FAMILY LAW, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You will need to file an amendment to change this to a Professional Limited Liability Company. File a name change and you must also give us a specific purpose for the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 022A00022183

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

Coastal Collaborative Family Law, 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 8/10/2021 and assigned

Florida document number L21000358808

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Coastal Collaborative Family Law, PLLC
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)

3213 77th Ct East
Palmetto, FL 34221

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 190
Terra Ceia, FL 34250

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:

Name of New Registered Agent:

Cathy Ibrabaltun

New Registered Office Address:

3213 77th Ct East

Enter Florida street address

Palmetto, Florida 34221

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.

[Signature]
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>	<u>Type of Action</u>
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☐ Add

[Remove](#)

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☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Specific Purpose: To Engage in the practice of law

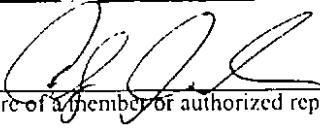
E. Effective date, if other than the date of filing: *Filing Date* (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated *October 27th*, *2022*



Signature of a member or authorized representative of a member

Carly Ihasdakean

Typed or printed name of signee