

L21000 H09 202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

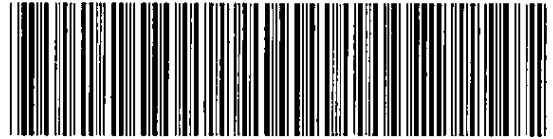
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Green Coast Exteriors, 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:

Christina Bruce  
Name of Person  
Green Coast Exteriors, LLC  
Firm/Company  
10012 Gulf Center Drive, Ste 5-311  
Address  
Fort Myers FL 33913  
City/State and Zip Code  
Christina@greencoastexteriors.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Bruce 985 685-9745  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**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

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

Green Coast Exteriors, 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 9/15/2021 and assigned  
Florida document number L21000409202.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

No changes

**(Principal office address MUST BE A STREET ADDRESS)**

5720 Zip Drive

Fort Myers FL 33905

**Enter new mailing address, if applicable:**

No changes

**(Mailing address MAY BE A POST OFFICE BOX)**

10012 Gulf Center Drive, Ste 5-311

Fort Myers FL 33913

**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:

Whitney Johnson

New Registered Office Address:

5720 Zip Drive

Enter Florida street address

Fort Myers FL

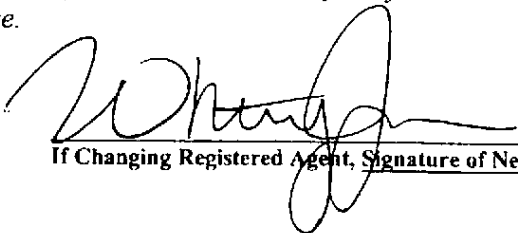
Florida 33913

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>	<u>Type of Action</u>
AMBR	Chistina Bruce	153 Belaire Drive	<input checked="" type="checkbox"/> Add
		Panama City Beach FL 32413	<input type="checkbox"/> Remove
		no changes	<input type="checkbox"/> Change
AR	Brian Sujevich	5660 Strand Court, A66	<input checked="" type="checkbox"/> Add
		Naples FL 34120	<input type="checkbox"/> Remove
		no changes	<input type="checkbox"/> Change
Pres	Jerramy K Johnson	120 15th Street NW	<input type="checkbox"/> Add
		Naples FL 34120	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add

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

Whitney Johnson -Registered Agent

Jerramy Johnson -Removed

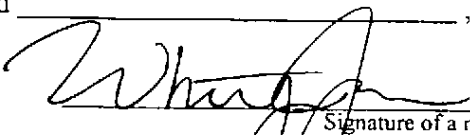
**E. Effective date, if other than the date of filing:** 4/29/2024 **(optional)**

(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 April 29, 2024



Signature of a member or authorized representative of a member