

L21 000411575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

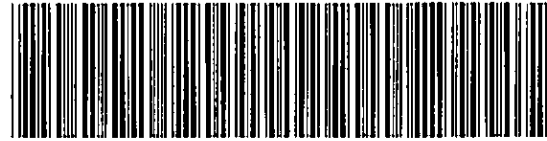
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amendment

Office Use Only



500375889155

11/05/21--01014--002 **35.00

11-12-21

T.A.S.

1000 AM 9:59
TALLAHASSEE, FLORIDA

2021 NOV -5 AM 9:59

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTSIDE PLUMBING, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

KENNETH PUFFENBURGER, JR.

Name of Person

COASTSIDE PLUMBING, LLC

Firm/Company

10245 W TWIN RIVER LN

Address

HOMOSASSA, FL 34448

City/State and Zip Code

Coastsideplbg@gmail.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS ROBERTS

941
at ()

739-6066

Name of Person

Area Code

Daytime Telephone Number

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)

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

If Changing Registered Agent, Signature of New Regi

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>
MGR	KENNETH PUFFENBURGER, JR	10245 W TWIN RIVER LN	<input type="checkbox"/> Add
		HOMOSASSA, FL 34448	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2021 NOV -5 PM 9:53
SECURITY

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

NOTE - THE ONLY CHANGE TO THE ORIGINAL FILING IS THE ADDITION OF "JR." TO THE NAME
OF THE REGISTERED AGENT AND AUTHORIZED PERSON TO MANAGE, TO REFLECT THE
INDIVIDUAL'S ACTUAL NAME.

2021 NOV -5 AM 9:59
SECRETARY OF STATE
CLERK

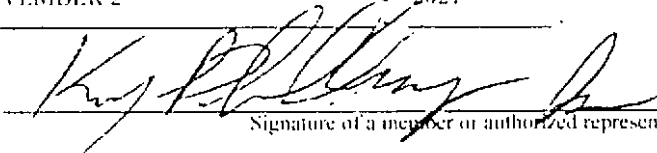
E. Effective date, if other than the date of filing: _____ (optional)

(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 NOVEMBER 2, 2021



Signature of a member or authorized representative of a member

KENNETH PUFFENBURGER, JR.

Typed or printed name of signer