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COVER LETTER

	Registration St Division of Cor		•						
cro wz	CÓASTSII	COASTSIDE PLUMBING, LLC Some of Limited Liability Company							
SC BJEA	,	Name of Lim	ited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please re	turn all correspo	ondence concerning this matter	to the following:						
		KENNETH PUFFENBUR	RGER, JR.	nus &					
			Name of Person						
		COASTSIDE PLUMBING	i, LLC						
			Firm/Company						
		м.							
			Address						
		HOMOSASSA, FL 34448							
			City/State and Zip Code						
		Coastsideplbg@gmail.com	to be used for future annual report notification)						
For furth	er information .	concerning this matter, please c							
			941 739-6066						
Name of Person		of Person	at () Area Code Daytime Telephone Number						
Encloser	Lis a check for t	he following amount:							
	00 Filing Fee	[] \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status Certified Copy (additional copy is enclosed)						
	Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Torporations 27	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

COASTSIDE PLUMBING, 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 $\frac{09/16/2021}{1}$ _____ and assigned Florida document number <u>L21009411575</u> 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: (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 reg agent and/or the new registered office address here: KENNETH PUFFENBURGER, JR. Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida _ City

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 act provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this chaing filed to merely reflect a change in the registered office address, I hereby confirm that the limited by company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Regis

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

Title	<u>Name</u>	Address	Type of Action
MBR	KENNETH PUFFENBURGER, JR	10245 W TWIN RIVER EN	
		HOMOSASSA, FL 34448	□Remove
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Filing Fee: \$25.00