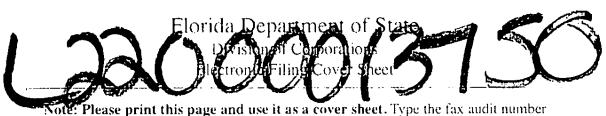
Division of Corporations

3/7/23.32:24 PM



(shown below) on the top and bottom of all pages of the document.

(((H230000872913)))



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To:

Division of Corporations

Fax Number : (850)617-6383

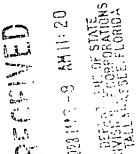
From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 : (877)919-2613 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_\_

EFILE1234@INCFILE.COM



# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRADLEYS BUILD BACK LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Help

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

## **COVER LETTER**

(((H23000087291 3)))

BRADLEYS BUILD BACK LLC SUBJECT:				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company		
	17350 STATE HWY 249 S	STE 220		
		Address		
	HOUSTON TX, 77064			
		City/State and Zip Code	<del></del>	
	EFILE1234@INCFILE.CO	M to be used for future annual i	connet notification)	
For further information c	oncerning this matter, please ca		Chair Island Annin	
LOVETTE DOBSON	•		888-462-3453	
Name o	f Person	at () Area Code	888-462-3453  Daytime Telephone Number	
Enclosed is a check for ti	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is encl	Certificate of Status &	
<u>Mailing Addres</u> Registration :		Street Ad Rogistre	dress: ition Section	
Division of C		_	n of Corporations	
P.O. Box 632		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### (((H23000087291 3)))

## TO ARTICLES OF ORGANIZATION OF

	BRADLEYS BU	IILD BACK LLC				
(Name of the Lim	ited Liability Compa A Florida Limited	iny as it now appears Liability Company)	on our records.)		<del></del>	
The Articles of Organization for this Limited	•	were filed on	01/05/2022	<del>.</del> -	and assigned	
Florida document number 1,22000013	750					
This amendment is submitted to amend the fo	Howing:					
A. If amending name, enter the new name	of the limited liab	ility company her	<u>re</u> :			
CPR COASTAL PROPERTY RESTORATION						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LI (" or	the abbrevi	ation "L.L.C"	
Enter new principal offices address, if appl	Enter new orincipal offices address, if applicable:		42160 Us Highway 19 N Unit #39			
(Principal office address MUST BE A STRE	Tarpon Springs, FL 34689					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8400 Dayal Dr Port Richey, FL	34668			
		<del></del>	·		278	
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our re	ecords, <u>enter the</u>	name of	theinew regis	
Name of New Registered Agent:	REPUBLIC RE	EGISTERED AGEN	VIELC	· 	<b>7</b> (	
New Registered Office Address:	1150 Nw 72nd Ave Tower I Ste 455		55	·;	<del></del>	
New Registers of the Annies.		Enter Flore	da strevt address		6	
	Miami		Florid	a <u>33126</u>		
					ip Code	

#### New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

Westry	Agent, Signature of New Registered Agent	
If Changing Registere	Agent, Signature of New Registered Agent	

Page: 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records: (((H23000087291 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Hunter Bradley	8400 Duval Dr	
		Port Richey, FL 34668	
			Change
			□Add
		·	□Remove
			Change
			□ Add
		□Remo	□Remove
			□Add
			□Remove
			Change
			□Add
	_		□Remove
			□Change
<del></del>			□Add
			□Remove

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				<del></del>
in a data if other than the	late of Clina		(motional)	
If the date inserted in this blo	ck does not meet the application	cable statutory filing	re than 90 days after filing.) I requirements, this date w	Pursoant to 605-0207 ( ill not be listed as t
rd specifies a delayed effective fled.	date, but not an effective t	ime, at 12:01 a.m. oi	i the earlier of; (b) The (	90th day after the
March 7th	. 2023	<u> </u>		
	H.unte	morized representative	f a member	
		! *		
	Hume	r Bradley		
1	ive date, if other than the officitive date is listed, the date must. If the date inserted in this blovent's effective date on the Depth of specifies a delayed effective led.  March 7th	ive date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be proof the date inserted in this block does not meet the applicant's effective date on the Department of State's records of specifies a delayed effective date, but not an effective field.  March 7th 2023	ive date, if other than the date of filing:  cerive date is listed, the date must be specific and cannot be prior in date of liting or more if the date inserted in this block does not meet the applicable statutory filing ent's effective date on the Department of State's records  d specifies a delayed effective date, but not an effective time, at 12:01 a.m. or led.  March 7th  2023	ive date, if other than the date of filing:

Filing Fee: \$25.00