

L22000022842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

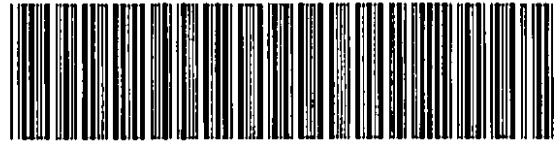
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/31/22--01007--024 \*\*29.00

FILED

2022 MAY -9 PM 1:54

SECRETARY OF STATE

MAY -9 2022

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COASTAL LAWN & PRESSURE WASH 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:

VICKI TAYLOR

Name of Person

GEM INSURANCE COMPANY

Firm/Company

4131 SOUTHSIDE BLVD STE 109

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

VICKI@GEM1.NET

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

For further information concerning this matter, please call:

VICKI TAYLOR

904

724-3854

at ( )

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

2022 MAY -9 PM 1:54

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2022

VICKI TAYLOR  
4131 SOUTHSIDE BLVD  
STE 109  
JACKSONVILLE, FL 32216

SUBJECT: COASTAL LAWN & PRESSURE WASH LLC  
Ref. Number: L22000022842

We have received your document for COASTAL LAWN & PRESSURE WASH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 922A00008937

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

COASTAL LAWN & PRESSURE WASH LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2022 MAY -9 PM 1:54  
CLERK OF THE  
COURT  
JACKSONVILLE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/07/2022 and assigned  
Florida document number 1.22000022842

This amendment is submitted to amend the following:

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

→ Southern Coastal Property Improvement LLC  
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) 9020 326th Ave E  
Duette FL 34219

→ Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX) same as above

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 \_\_\_\_\_

→ New Registered Office Address: same as above

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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>
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[illegible]

(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)

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.

*Levi Mading*  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**