## R22000074274

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SECRETARY OF STATE TALLAHASSEE, FL

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## **COVER LETTER**

то:		istration Secti sion of Corpo					
SUBJE	CT:	Coasim	Management Name of Lin	and mited Lial	Lawn bility Company	Care	<del></del>
The encl	losed	Articles of Ar	mendment and fee(s) are su	bmitted i	for filing.		
Please re	eturn	all correspond	lence concerning this matte	r to the f	ollowing:		
			Themas	Da	VY> Same of Person		
			Coastal Manor	<u>je mont</u>	ond Firm/Company	Laun C	are
			4145 Maris	na 1	Address		
			Ruporo B		-		
			Coastal manage, E-mail address:	ment (10 be use	cucl law ed for future ann	nual report notific	ginail.com
For furth	her in	formation con	cerning this matter, please	call:			
The	) <b>~~</b>	Name of P	rerson		at ( <u>571</u> ) Area Code	525- C Daytime	ご子でト Telephone Number
Enclosed	d is a	check for the	following amount:				
5 <b>₹.</b> \$25	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	(	55.00 Filing F Certified Copy (additional copy i	<i>;</i>	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mai</u>	ling Address:			Stree	t Address:	

Registration Section Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

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

(Name of the Limited Liability C (A Florida Lii	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>レ 220000 구</u> 4 2 7 <u>4</u>	pany were filed on 2/14/2022	and assigned
Florida document number		
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 ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Amparo Beach	BUSE AUG I
agent and/or the new registered office address here:	Tice address on our records, enter the nam	F, S.1
Name of New Registered Agent:		
New Registered Office Address:		
	, Florida	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>	Address	Type of Action
			□Add
			□Remove
·			□Change
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an ef ote:	(optional) fective date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated	August 5th 2022
	Signature of a member or authorized representative of a member
	Thomas E Dairs IV Typed or printed name of signee

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