

222000 119120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

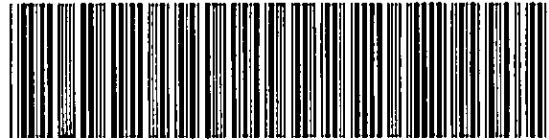
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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0 16 02 JUL 22 11:11 AM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUL 27 PM 12:51

T. MATTHEWS

JUL 29 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUL 27 PM 12:03

SE
TALLAHASSEE, FL

June 30, 2022

DENISE ZIELINSKI
5509 16TH AVENUE S
GULFPORT, FL 33707

SUBJECT: JD COASTAL PROPERTIES LLC
Ref. Number: L22000119120

We have received your document for JD COASTAL PROPERTIES 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 attached form must be completed in order to file the document.

MISSING PAGES 5 & 6 OF THE AMENDMENT FORM.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 822A00014843

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.D Coastal Properties 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:

Denise Zielinski
Name of Person

J.D Coastal Properties LLC
Firm/Company

5509 16th Ave S
Address

Gulfport FL 33707
City/State and Zip Code

denisezielinski1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Zielinski at (734) 626 2600
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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

JD Coastal Properties LLC 22 JUL 27 PM 12:51
(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 March 8, 2022 and assigned Florida document number 222000119120

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)

5509 16th Ave S
Gulfport, FL 33707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5509 16th Ave S
Gulfport, FL 33707

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:

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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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)

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.

Dated 07/22/2022

James R O Connell
Signature of a member or authorized representative of a member

James R O Connell
Typed or printed name of signee