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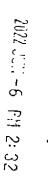
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| COA SUBJECT: | ASTEC BUILT LLC | • | | |
|-----------------------------|--|---|---|--|
| Sobaret: | 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: | | |
| · | - | • | | |
| | Santiago F Coll Dor | este | | |
| | | Name of Person | | |
| | COASTEC BUILT | L.L.C | | |
| | | Firm/Company | | |
| | 5685 NW 84TH AVE Address | | | |
| | | | | |
| | DORAL, FL 33166 | | | |
| | · | City/State and Zip Code | | |
| | contactus@mindbook | | <u> </u> | |
| | E-mail address: (| to be used for future annual report not | ification) | |
| For further information c | oncerning this matter, please c | all: | | |
| Santiago F Coll Do | preste | 786 554.2929 | | |
| Name o | f Person | at () | ne Telephone Number | |
| Enclosed is a check for the | he 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) | |
| _ | | | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

| COASTEC BUILT LLC | | | 7077 00 - P | : 2: 3 |
|--|---|-----------------------------|-----------------------|--------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appointed Liability Company | ars on our records.) | | |
| | | | • | 71 |
| The Articles of Organization for this Limited Liability Cor | npany were filed on _ | APRIL 27TH, 2022 | and assigned | • |
| Florida document number | • | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limite | ed liability company | <u>here</u> : | | |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the | e designation "LLC" or the | abbreviation "L.L.C." | _ |
| Enter new principal offices address, if applicable: | | | | _ |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | _ | | _ |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | _ | |
| | | | | |
| | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on out | records, <u>enter the n</u> | ame of the new regis | <u>tered</u> |
| Name of New Registered Agent: | | | <u> </u> | |
| N. m. D. mintannal Offices Addresses | | | | |
| New Registered Office Address: | Enter F | lorida street address | | _ |
| | | , Florida | | |
| | City | , r 101 tua | 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 |
|--------------|----------------------|---------------------------------|----------------|
| MGR | LUIS I. COLL DORESTE | 5685 NW 84TH AVE DORAL FL 33166 | = Add |
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Change

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| ffective date, if other than | s the date of filings | | (option: | 1) |
| an effective date is listed, the da lote: If the date inserted in to ocument's effective date on | te must be specific and cannot be his block does not meet the a | applicable statutory fil | more than 90 days after fill | ing.) Pursuant to 605.0207 |
| record specifies a delayed ef I is filed. | fective date, but not an effec | tive time, at 12:01 a.n | n, on the earlier of; (b) | The 90th day after the |
| MAY 20TH | 2021 | 2 | > | |
| | | Sall | | |
| | Signature of a member of | r authorized representati | we of a member | |
| | | г аниониен гергезенган | ve or a member | |

Typed or printed name of signee