

L22000268506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

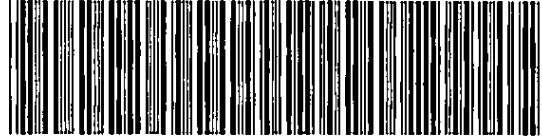
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2022 OCT 17 AM 7:47

OCT 18 2022

S. PRATHI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Left Coast Site 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:

Josh Galehouse
Name of Person

left coast site LLC
Firm/Company

404 Shadylawn Ave
Address

Nokomis fl 34245
City/State and Zip Code

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

For further information concerning this matter, please call:

Josh Galehouse at (941) 237-1969
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2022

LEFT COAST SITE LLC
404 SHADYLAWN AVE
NOKOMIS, FL 34275

SUBJECT: LEFT COAST SITE LLC
Ref. Number: W22000123624

We have received your document for LEFT COAST SITE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 522A00021680

OCT 17 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: left Coast Site
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:

Josh Galehouse
Name of Person

Firm/Company

404 Shadylawn Ave
Address

Nekomis FL 341275
City/State and Zip Code

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

For further information concerning this matter, please call:

Josh Galehouse at (941) 237-1969
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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Tallahassee, FL 32314

Street Address:

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The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Left Coast Site LLC

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

2022 OCT 17 AM 7:47
ALL INFORMATION
FILED IN FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09-13-2022 and assigned
Florida document number L220009168506

This amendment is submitted to amend the following:

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

Left Coast Site 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

[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.

Josh Calhoun
Signature of a member or authorized representative of a member

Tash Galehouse
Typed or printed name of signer

2022 OCT 17 AM 7:47
ALL ACCESS F. CRIDA