# L22000289478

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### **COVER LETTER**

Division of Corporations
SUBJECT: Coastal Tides Yard Designs 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:
Paul Buttiewicz Name of Person
Coastal Tides Kird Designs LLC Firm/Company
17 Port Rayal Otive
Palm Coast FL 32164  City/State and Zip Code  Coastal tides yard design SIC @gmail. com  E-mail address: To be used for future annual report notification)
E-mail address: To be used for furre annual report notification)
For further information concerning this matter, please call:
Paul Buttiewicz at (904) 452-6111  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Sectificate of Status  Certificate of Status & Certificate o

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

ides Yard Design LLC imited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	were filed on Tre 29, 2022 and assigned	
Florida document number L22000289478	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Coastal Tides Kird Designs   The new name must be distinguishable and contain the words "Limited Liability		-
Enter new principal offices address, if applicable:	SEU SEU	-
(Principal office address MUST BE A STREET ADDRESS)		1
Enter new mailing address, if applicable:	SEE OF C	! }
(Mailing address MAY BE A POST OFFICE BOX)	TE F	F
	m <b>W</b>	-
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registo</u>	<u>red</u>
Name of New Registered Agent:		
New Registered Office Address:		_
	Enter Florida street address	
	, Florida	-
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code	
		.,
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p- accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office a	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is	the

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
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			□Change
			Петюче
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f an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	ist be specific lock does no	and cannot bot meet the a	e prior to dat applicable s	e of filing or n	nore than 90 da	ys after filin	ig.) Pursuai	nt to 605. 1 be liste	0207 ( ed as ti
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Dated July 18th	<u>.</u>	. 20	22.						
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	-Paul	Butu	ر السار r printed nar	رکر					

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