## L22000501595

(Re	questor's Name)	
(Add	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	915





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FILED
2023 SEP 15 PM 4: 03



## **COVER LETTER**

TO:	Registration Se Division of Cor			n Sph		
	Coastal Ins	tallations, LLC		••		
SUBJECT:						
		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Karrie Johnson				
			Name of Person			
		Coastal Installations, LLC				
Firm/Company						
	260 Williamson Blvd., Unit 731686					
			Address			
		Ormond Beach, FL, 32174				
			City/State and Zip Code			
		coastalinstallationsfl@gmai	l.com			
		E-mail address: (	to be used for future annual report notifica	tion)		
For fur	ther information o	oncerning this matter, please c	all:			
Karrie	Johnson		386 286-3439			
	Name o	of Person	at () Area Code Daytime Te	elephone Number		
Enclos	ed is a check for the	he following amount:				
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &		
		pl - EK 103	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)		
		pl-ck 103 12127122 deared my!	ant.			
Mailing Address:			Street Address:	~		
Registration Section Division of Corporations			Registration Section  Division of Corno			
P.O. Box 6327		-	•	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314				2415 N. Monroe Street, Suite 810		
•			Tallahassee, FL 32303			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Installations, LLC.				
(Name of the Limited Liability (A Florida I	Company as it now appears on our imited Liability Company)	ır records.)		
The Articles of Organization for this Limited Liability Co Florida document number 1.22000501595	mpany were filed on	22	and assigned	I
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designat	ion "LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable:	<del></del>			
(Principal office address MUST BE A STREET ADDRE	ESS)	- <del></del>		
Enter new mailing address, if applicable:	<del></del>		<b>2023</b> SEF	 1
		<del> </del>	5 -	
Mailing address MAY BE A POST OFFICE BOX)			<del></del>	ī
	<del></del>			<del>.</del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	s, enter the name of	the new regi	ister
Name of New Registered Agent:				
New Registered Office Address:			<del></del>	
	Enter Florida street address			
		Florida	Liv Code	<del></del>
	City	•	ир Соде	

## 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
AMBR	Karrie Johnson	260 Williamson Blv d., Unit 731686 Ormond Beach, FL, 32174	ZAdd
			⊒Remove
			□Change
·			
		<del> </del>	□Remove
			□Change
			Петюче
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
<del></del>			□ Add
			Петюче
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12/01/2022 E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)
(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. 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. December 27 2022 Dated \_\_\_\_

Karrie Johnson

Typed or printed name of signee