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FALLA, JUAN CARLOS
CSC - 10000000000000000000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Angler Magazine Volusia Edition 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:

James Thrappas
Name of Person

N/A
Firm/Company

1557 Eagle View Rd
Address

Osteen, FL 32764
City/State and Zip Code

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

For further information concerning this matter, please call:

Deidra Thrappas at (407) 701-4741
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**

Coastal Angler Magazine Volusia Edition LLC
(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 01/20/2023 and assigned Florida document number L23000038585.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

023 FEB 15 PM 1:55
TALLAHASSEE, FL 32301

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:

James D. Thrappas

New Registered Office Address:

1557 Eagle View Rd

Enter Florida street address

Osteen

City

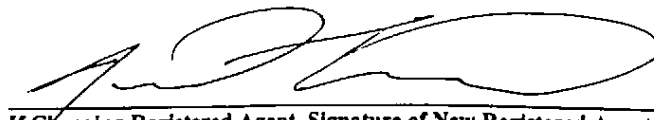
Florida

32764

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.

X 
If Changing Registered Agent, Signature of New Registered Agent

☐ Char

2023 FEB 15 PM 1:55
SIGNATURE REQUIRED
TALLAHASSEE, FL

2023 FEB 15 PM 1:55
SINGAPORE
TALLAHASSEE, FL

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 January 31, 2023

Signature of a member or authorized representative of a member

James D. Thrappas
Typed or printed name of signer

Filing Fee: \$25.00