

L 23000222515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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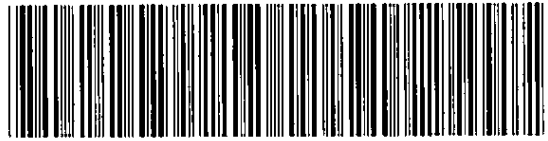
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

INTERCOASTAL CREATIONS LLC

SUBJECT: _____
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:

MATTHIEU A JOHNSON

Name of Person

INTERCOASTAL CREATIONS LLC

Firm/Company

32 BICKFORD DR

Address

PALM COAST, FLORIDA 32137

City/State and Zip Code

INTERCOASTAL CREATIONS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHIEU A JOHNSON

386 503-3189

Name of Person

at (_____) _____

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**

INTERCOASTAL CREATIONS 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 MAY 05, 2023 and assigned
Florida document number L23000222515

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)

32 BICKFORD DR

PALM COAST, FLORIDA 32137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

32 BICKFORD DR

PALM COAST, FLORIDA, 32137

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:

32 BICKFORD DR

Enter Florida street address

PALM COAST

Florida 32137

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DONYA J JOHNSON	32 BICKFORD DR	<input type="checkbox"/> Add
		PALM COAST, FL 32137	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MATTHIEU A JOHNSON	32 BICKFORD DR	<input type="checkbox"/> Add
		PALM COAST, FL 32137	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(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)

OCTOBER 16 2023
Dated _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00