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## **COVER LETTER**

TO: Registration Secti Division of Corpo		,	<b>.</b>
SUBJECT:OQ_S	Hine Cust Name of Lim	OM POUNTES ited Liability Company	LLC
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Jazmyi	nne Brado Name of Person	
	Coastline	Custom Painte Firm/Company	rs LLC
	114 SE 5th	AVE BUYER Address	
	Cape COUSTINE	City/State and Zip Code  (U) fOM XUN 1-PYS   to be used for future annual report notifi	90 ICagmail.com
For further information cond	cerning this matter, please ca	nll:	
MUMYNNE Name of Pe	Krado erson	at (248) 701-4 Area Code Daytime	9758 Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Cor		Street Address: Registration Sec Division of Corp	porations
P.O. Box 6327 Tallahassee, FL	32314	The Centre of Ta 2415 N. Monroe	allahassee E Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Coastline (i	ISTOM	Painters	LLC 2024 DEC	-2 PM 3:27
(Name of the Limite	d Liability Com A Florida Limite	pany as it now appears d Liability Company)	i ALLAHA	SSEF, FLORIDA
The Articles of Organization for this Limited Lia	bility Compar	,	115/23	and assigned
This amendment is submitted to amend the follo	(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  (Same of the Limited Liability Company)  (A Florida Limited Liability Company)  (Same of the new name of the limited Liability Company)  (Same of the new name of the limited Liability Company)  (Same of the new name of the limited Liability Company)  (Same of the new name of the limited Liability Company)  (Same of the new name of the limited Liability Company)  (Same of the new name of the limited Liability Company)  (Same of the new name of the limited Liability Company)  (Same of the new name of the limited Liability Company)  (Same of the new name of the limited Liability Company)  (Same of the new name of the limited Liability Company)  (Same of the Limited Liability Company)  (Same of the new name of the limited Liability Company)  (Same of the new name of the limited Liability Company)  (Same of the new name of the limited Liability Company)  (Same of the new name of the limited Liability Company)  (Same of the Limited Liability Comp			
A. If amending name, enter the new name of	the limited lia	ability company her	<u>re</u> :	
The new name must be distinguishable and contain the we	ords "Limited Lia	bility Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	<del></del>	<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)			
			<u> </u>	
Enter new mailing address, if applicable:				,
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>			
				·
B. If amending the registered agent and/or reagent and/or the new registered office address		e address on our re	cords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:				<u> </u>
New Registered Office Address:	_		· · · · · · · · · · · · · · · · · · ·	
		Enter Flori		
		City	, Florida _	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 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
MGR	Jarmynne Brado	114 SE 5th Ave Cape Cord	LFL 990
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			□Change
			□Add
			🗆 Remove
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			Remove
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i effective date is listed, t	he date must be specifi	e and cannot be prior t	o date of filing or mo	re than 90 days after	filing.) Pursuant to 605	5.0207
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ecord specifies a delaye	ed effective date, bu	t not an effective tir	ne. at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	er the
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led <u>JUNC</u>	Signature	my MU offa member or author	1) ull o	of a member		

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