

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600430391836

05/24/24--01008--004 ++30.00

2024 HAY 24 AM 4: 45

COVER LETTER

SUBJECT:	The Treasure Name of Lim	Coast Craftsma	n LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jason	George Name of Person	
Division of Corporations			
	2815 Se	Tate ave	
		•	
For further information of			diffication)
No-	£ D	at ()	ma Talanhara Nisahar
Name	n reison	Area Code Dayti	me Telephone (Aumoer
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
· · · · · · · · · · · · · · · · · · ·		<u></u>	
=		-	
P.O. Box 632		The Centre of	
	• •		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limiter	Liability Company as it now A Florida Limited Liability Con	an LLC	ds.)	
		4		
The Articles of Organization for this Limited Lia	bility Company were filed	ion <u>2/20/</u>	24 and ass	igned
Florida document number <u>L24000089</u>	<u>812</u> .			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	he limited liability comp	any here:		
			20	
The new name must be distinguishable and contain the wo	ds "Limited Liability Company	y," the designation "LL0	· · · · —	L.C."
Enter new principal offices address, if applica	ole:		MAN MAN	<u> </u>
(Principal office address MUST BE A STREET	'ADDRESS)		2	
			いって 10で1 1日で、 全	П
			(T)	
Enter new mailing address, if applicable:			13.55 14.55 14.54	_
(Mailing address MAY BE A POST OFFICE B	OX)			
Intuining data est MAT BE AT OUT OF THEE B	<u></u>	. •		
				
B. If amending the registered agent and/or re-	zistered office address or	our records, <u>ente</u>	r the name of the nev	v registered
agent and/or the new registered office address	here:			
	T			
Name of New Registered Agent:	Jason Geo	rge		
New Registered Office Address:	2815 Se Ta	te ave	11/19	
	0/6:4/	mer Purtua street adare	33 24004	,
	Port Saint Lu	reie F	lorida <u>> 7 7 8 7</u> 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>	Address	Type of Action
AMBR	Jason George	2815 Se Tate ave PSIFI	MAdd
			□Remove
			[]Change
			□ Ad d
			🗀 Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			Петоче
			Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change

I would like to remove drywall repair and carpentry from my job scope due to licensing requirements.	
Carpentry from my job scope due to licensing requirements.	
licensing requirements.	
Tree 15/1ng requirements.	
	*
	
	
iffective date, if other than the date of filing: (optional)	
Ifective date, if other than the date of filing:	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t is filed.	h day after the
pated	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	