L24000099266

(Requestor's Name)
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07/25/24-70.210-70.2

SECRETARY OF STATE

T. MATTHEWS AUG 1: 2024 July 30, 2024

JIM MEEKER 36008 EMERALD COAST PKWY STE 201 DESTIN, FL 32550 US

SUBJECT: COASTAL STEEL HOMES LLC

Ref. Number: L24000099266

We have received your document for COASTAL STEEL HOMES LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PAGE 1 OF THE ARTICLES OF AMENDMENT TO THE ARTICLES OF

ORGANIZATION IS MISSING. PLEASE RETURN THE COMPLETED FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Tekayla T Matthews
Regulatory Specialist III Letter Number: 124A00016929

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Coastal Ste	el Homes LLC		
NUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Jim Meeker		
			Name of Person	
			Firm/Company	
		36008 Emerald Coast Pkw	y. Suite 201	
			Address	***
		Destin, Fl. 32550		
			City/State and Zip Code	
		jim@soldbylaurie.com		·
For further in	formation o	e-man adoress: (oncerning this matter, please of	to be used for future annual report not	(fication)
	tornation c	oncerning this matter, please ea	ati.	
Jim Meeker			850 240-8682 at ()	
	Name o	f Person	at ()	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	S30.00 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)
	ling Addres		<u>Street Address:</u> Registration Se	ction
-		orporations	Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Name of the Limited Liability Company as it now appears on our records: TARY OF STATE (A Florida Limited Liability Company) TALL ANASSEE. FLORIDA
(Name of the Limited Clability Company as it now appears on our records) TARY OF STATE (A Florida Limited Liability Company) TALLAHASSEE. FLORIDA
The Articles of Organization for this Limited Liability Company were filed on FEBR UNKY 16, 2024 and assigned

This amendment is submitted to amend the following:

Florida document number 124000099266

A.	If amending	name, enter	the new	name of	the limited	liability co	mpany here:

The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	tion "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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	and coldina.
	ishter Florida Sir	
	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
AMBR	Chris Capatani	6688 Nolensville Rd. Ste. 111-204 Brentwood	
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			□ Remove
			Change
		-	□Remove
			□Change
			□Adđ
			□Remove
			□ Change
		-	□Add
			□Remove
			□ Changa

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20,000

Typed or printed name of signee