

L24000115913

Division of Corporations  
 Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : VENERABLE CORPORATE AND TRUST SERVICES,  
 Account Number : I20210000107  
 Phone : (813)284-4727  
 Fax Number : (813)436-8460

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:                   notices@venerable.law                  

SECRETARY OF STATE  
 2024 OCT -9, PM 3:13  
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RECEIVED  
 2024 OCT -9 AM 10:59  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 COASTAL FLORIDA CONTRACTOR PRO'S LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COASTAL FLORIDA CONTRACTOR PRO'S 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.

JASON SAMPSON  
\_\_\_\_\_  
Name of Person

Venerable Corporate and Trust Services, LLC  
\_\_\_\_\_  
Firm Company

301 West Platt Street, No. 657  
\_\_\_\_\_  
Address

Tampa FL 33606  
\_\_\_\_\_  
City/State and Zip Code

jsampson@venerable.law  
\_\_\_\_\_  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call

Jason Sampson \_\_\_\_\_ at (813) 284-4727  
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 FLORIDA CONTRACTOR PRO'S 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 03/06/2024 and assigned Florida document number L24000115913.

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)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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:

*Enter Florida street address*

Florida

*City*

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*Thereby 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

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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>
MGR	CORREDOR HOME, JUAN E	8108 TAR HOLLOW DR.	<input type="checkbox"/> Add
		GIBSONTON, FL 33534	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BAUTISTA, DIANA	8079 ABBY BROOKS CIRCLE	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33545	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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