

L211000250580

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R. PLANT

06/17/24

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: SOUTHWESTCOASTALMAINTENANCE,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:

David Piscopink

Name of Person

Firm/Company

255 Tamiami Trail North Lot 80

Address

Nokomis, FL 34275

City/State and Zip Code

piscopinkdavid1@gmail.com

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

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TALLAHASSEE, FL  
CLERK OF STATE

For further information concerning this matter, please call:

David Piscopink

at (941) 237-1242

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

SOUTHWESTCOASTALMAINTENANCE.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 June 3, 2024 and assigned  
Florida document number L24000250580.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Southwest Coastal Maintenance, LLC

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)**

255 Tamiami Trail N.

Lot 80

Nokomis, FL 34275

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

255 Tamiami Trail N.

Lot 80

Nokomis, FL 34275

**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:

David Piscopink

New Registered Office Address:

255 Tamimai Trail N.

*Enter Florida street address*

Nokomis

*City*

Florida 34275

*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.*

David Piscopink  
If Changing Registered Agent, Signature of New Registered Agent

6-12-2024

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE  
TALLAHASSEE, FL  
5/24/17 PM 7:13

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Reason for amendment. Scrivener's Error in filling out the form on line whereas, the name of the LLC was

incorrectly entered without spacing between the words.

Please Add EIN# 99-3480883

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TALLAHASSEE, FL

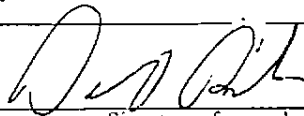
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12th June 2024



Signature of a member or authorized representative of a member

David Piscopink

Typed or printed name of signee

**Filing Fee: \$25.00**