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COVER LETTER

TO: Registration Section

Division of Cor	porations		
	stal Construction	•	
SUBJECT:	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:	
	Joseph Burns		
		Name of Person	
		Firm/Company	
	5086 castile way s		
		Address	
	St. Pete Florida 33712		
	mainhaulinul (Asmail ann	City/State and Zip Code	
	mojohauling l@gmail.com E-mail address: (to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
Joseph Burns		813 4046501 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Custom Costal Construction IIc			
(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)		
The Articles of Organization for this Limited Liability	y Company were filed on June 20, 2024	and assign	ied
Florida document number L24000299825			
his amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the li	imited liability company here:		
Custom Coastal Construction LLC			
he new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or the abl	breviation "L.L.C	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
Mulling duaress MAT BE A FOST OF FICE BOX)	· · · · · · · · · · · · · · · · · · ·		
			
		<i>a.</i>	
If amending the registered agent and/or registe agent and/or the new registered office address here		$\frac{e \text{ of the new re}}{\approx}$	egiste
gen under the new registered office address her	<u>·</u>	2012	
		JUL	:.
Name of New Registered Agent:			
New Registered Office Address:		2	- ' '우C
How Regissored Office Address.	Enter Florida street address		
		:-	
_	, Florida	Zip Code	
	∪n,	THE LOUIS	

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
			□ Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
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			□Remove
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			□Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fili	(optional)
e: If the date inserted in this block does not meet the applicable statuto	ory filing requirements, this date will not be listed
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:0	I am an the applicance (b). The Oosh days from
s filed.	is a.m. on the earner of: (b) I he 90th day after t
$\frac{1}{4}$	
1/9/24	
11/2	
	entative of a margher
/ Signature of a member or authorized represe	