

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H24000274761

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : API PROCESSING
Account Number : I20110000069
Phone : (954)567-0013
Fax Number : (954)567-3401

2024 AUG 16 AM 4:05
SOUTH COAST PAINTING AND DEVELOPING, LLC
ALLAHASSIE, FLORIDA

FILED

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

Email Address: Annette@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTH COAST PAINTING AND DEVELOPING, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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K. SALY

AUG 19 2024

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Corporate Filing Menu

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Division of Corporations
SOUTH COAST PAINTING AND DEVELOPING, LLC
ALLAHASSIE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH COAST PAINTING AND DEVELOPING, 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:

Annette Mota

Name of Person

API Processing - Licensing, Inc.

Firm/Company

3419 Galt Ocean Drive Suite A

Address

Fort Lauderdale FL 33308

City/State and Zip Code

annette@apiprocessing.com

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

For further information concerning this matter, please call:

Annette Mota

at (954)

567-0013 x 12

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**

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SOUTH COAST PAINTING AND DEVELOPING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/17/1984 and assigned

Florida document number L24000325576

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)

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:

SAMUEL FIELDMAN

New Registered Office Address:

6601 LYONS RD SUITE C #2

Enter Florida street address

COCONUT CREEK

Florida 33073

City

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:

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MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|------------------------|--|
| CEO | REGINALDO TELXEIRA | 6601 LYONS RD. | <input type="checkbox"/> Add |
| | | SUITE C #2 | <input type="checkbox"/> Remove |
| | | COCONUT CREEK FL 33073 | <input checked="" type="checkbox"/> Change |
| CFO | SAMUEL FIELDMAN | 6601 LYONS RD | <input checked="" type="checkbox"/> Add |
| | | SUITE C #2 | <input type="checkbox"/> Remove |
| | | COCONUT CREEK FL 33073 | <input type="checkbox"/> Change |
| MP | ABE WAXMAN | 6601 LYONS RD | <input checked="" type="checkbox"/> Add |
| | | SUITE C #2 | <input type="checkbox"/> Remove |
| | | COCONUT CREEK FL 33073 | <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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TALLAHASSEE, FLORIDA

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

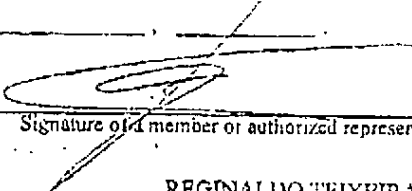
(This area is crossed out with a diagonal line, indicating no amendments.)

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CLERK OF SUPERIOR COURT

E. Effective date, if other than the date of filing: 08/10/2024 (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 ☒ 8/13/2024



Signature of a member or authorized representative of a member

REGINALDO TEIXEIRA

Typed or printed name of signer