

10/17/24, 9:59 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L24000371468

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(((H24000347249 3)))



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To:

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

From:

Account Name : OPPENHEIM & PILELSKY, P.A.  
Account Number : I20240000129  
Phone : (954)384-6114  
Fax Number : (954)384-6115

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

Email Address: geoffrey@oplaw.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COASTAL AIR SYSTEMS MARINE LLC

Certificate of Status	0
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M. SOLOMON

OCT 17 2024

Electronic Filing Menu

Corporate Filing Menu

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL AIR SYSTEMS MARINE 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 August 23, 2024 and assigned  
Florida document number L24000371468.

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)

729 Penn Street

West Palm Beach FL, 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

729 Penn Street

West Palm Beach FL, 33401

**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:**

*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

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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	ARNAL, JEREMY	729 Penn Street	<input type="checkbox"/> Add
		West Palm Beach, FL 33401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CHERVINSKI, LAUREN	729 Penn Street	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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WEST PALM BEACH, FL

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

OFFICE OF STATE  
TALLAHASSEE, FL

STATE OF FLORIDA  
HALL, JASPER, FL

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**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 October 7th 2024

Signature of a member or authorized representative of a member

Jeremy Arnal, Manager

Typed or printed name of signee

**Filing Fee: \$25.00**

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