

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.

(((H25000012436 3)))



H250000124363ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

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

Email:	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIME TO COAST LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

JAN 13 2025

From; Candace Pringle

From: Candace Pringle

COVER LETTER

TO:	Registration Sc Division of Cor			
SUBJEC		COASTILLC		
SOBJEC	- I :	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please re	turn all correspo	indence concerning this matter	to the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
		timrdailey@yahoo.com	City/State and Zip Code	
For furth	er information c	E-mail address: () oncerning this matter, please ea	to be used for future annual report notifiall:	ication)
Mike To	own		800 773-0888 at ()_	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25;	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		NG - PRIVES	STAFFT/ZOUDU	an annuec.

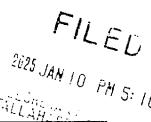
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TIME TO COAST LLC	705	AH POST LONG
	1167	AH
(<u>Name of the Limited L</u> (A F	iability Company ny it now appears on our records.) Iorida Limited Liability Company)	Long,
The Articles of Organization for this Limited Liabil Florida document number 1.24000389093		and assigned
This amendment is submitted to amend the following	ng:	
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	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, g address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Lines I tiving siver tutivess	
_	, Floric	da
	City	лір Соне

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

Page: 5 of 6

2025-01-10 10:56.49 PST

LegalZoom com, Inc.

From: Candaca Pringle

If amending Authorized Person(s) authorized to manage. <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KELLI LOVEJOY-DAILEY	6670 DRAW LN SARASOTA, FL 34238	🖼 Add
			☐ Remove
			Change
			Remove T
			Change 5
			□ Remove
			☐ Change
			☐ Remove
			Change
			Add
			☐ Remove
		 	□ Change
			Add
			□ Remove
			Changa

17. 11.4111	ending any other informat	ion, enter change(s) here: (Attac	th additional sheets, if necessary.)	
				_ ~·=
				
				
				
				123
			至	夏丁
			1-5	2
	<u> </u>			
			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(1)
			47	5 55
			7	्रं
				5
				<u></u>
				
E Effec	tive date if ather than the	data of filing:	(optional)	
(If an e	tive date, if other than the office the date is listed, the date must	be specific and cannot be prior to date of	filing or more than 90 days after filing.) Pursua	nt to 605.0207 (3)(6)
Note:	: If the date inserted in this blo	ck does not meet the applicable statu	itory filing requirements, this date will not	t be listed as the
docur	ment's effective date on the De	partment of State's records.		
	ecord specifies a delayed	effective date, but not an eff	ective time, at 12:01 a.m. on the	e earlier of:
If the re	e 90th day after the reco			
(b) The	01/10	2025		
(b) The	11	. 2025		
(b) The				
(b) The	/S/ TIM R LOVE.	JOY-DAILEY	esentative of a member	
(b) The	/S/ TIM R LOVE.		esentative of a member	

Page 3 of 3

Filing Fee: \$25.00