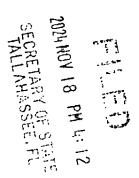
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(Requ	uestor's Name)	
lbbA)	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nai	me)
(Docu	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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COVER LETTER

TO:		tration Section of Corpo			
SUBJE		OAST INSI	PECTIONS LLC		
CODST	· · ·		Name of Limit	ed Liability Company	
			mendment and fee(s) are subn		
Please re	eturn a	ll correspond	dence concerning this matter to	o the following:	
			Matthew Gezik		
				Name of Person	
			COAST INSPECTIONS LI	.c	
				Firm/Company	
	396 Mangrove Shade Cir				
				Address	
			Apollo Beach, Florida, 335	72	
			mattgezik@gmail.com	City/State and Zip Code	
			E-mail address: (to	be used for future annual report notification)	
For furtl	her info	ormation cor	ncerning this matter, please ca	II:	- >
Matthey	w Gezil	k		815 274-6656 at ()	SEC SEC
		Name of I	Person	Area Code Daytime Telepho	SEC RETARY ONE Number LAHA
Enclose	d is a c	heck for the	following amount:		B PH B PH SSE
(■) \$25	.00 Fil	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & ■ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status Certified Copyria (additional copy is enclosed)
	Maili	ng Address:		Street Address:	

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

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

COAST INSPECTIONS LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 09/10/24	and assigned
Florida document number 1.24000395653	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	PRESS)	
		100
		三三 三
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		#R 8 M
		SS = 2
		TO TO
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Lance Consultances during	
	, Florida _	Zin Cods

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Matthew J Gezik	396 Mangrove Shade Cir, Apollo Beach FL. 33572	🖹 Add
			■Remove
			Change
			■Add
		;	Remove SECTOR
			Range -
			AND Add PA
			Change
			■Add
			Remove
			Change
			🗏 Add
			🗏 Remove
			-
			≣Add ≣Remove
			Change

listed as Gezik J Matthew, I	need that corrected to state Mat	tthew J Gezik.	
	<u> </u>	<u>. </u>	
			** ******
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	10/25/24		
Effective date, if other than the fan effective date is listed, the date mus	t be specific and cannot be prior to	date of filing or more than 90 da	, (optional) iys after filing.) Pursuant to 605.0207
Note: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable epartment of State's records.	le statutory filing requiremen	nts, this date will not be listed as
	•		
record specifies a delayed effectiv	e date, but not an effective time	e, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
d is filed.			
October 25 Dated	2024		
7aled	<u> </u>	.•	
ayn H HA	1411		
1/1000	Signature of a member or authorize		