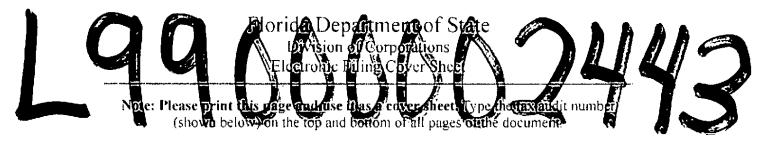
4/28/2021

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

E ~	a i	1	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COASTAL MECHANICAL SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

APR 29 2021

MISCHORY

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Mechanical Services, I			
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) apany)		
The Articles of Organization for this Limited Liability Company were filed	on <u>4/29/99</u> and assigned		
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compa	any 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:	. 22		
(Principal office address MUST BE A STREET ADDRESS)	27		
	FR 2		
	41 6		
Enter new mailing address, if applicable:	2 2 3		
(Mailing address MAY BE A POST OFFICE BOX)	5-6		
	5,7 2		
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ress on our records, enter the name of the r		
Name of New Registered Agent.			
New Registered Office Address:	EnterFloridastreetaddress		
	, Florida ZipCode		

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
AMBR	Rogers Mechanical Contractors,	167 Liberty Road	∧dd
	LLC	Villa Rica, GA 30180	□ Remove
			☐ Change
MGR	Jeffrey Geiger	360 W CRISAFULLI RD	□ Add
		MERRITT ISLAND, FL 32953	■ Remove
			☐ Change
			7021 APR 28
			Change 20 22 Add 4
			□ Add
			□ Change
			Add
			□ Remove
			Change
			□ Remove
			Change

or training an	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)	
,		
		2021 A
		PR 2

		AN 10: 24
		2 4
Note: If the date	if other than the date of filing:	at to 605.0207 (3 Wb) t be listed as the
	ecifies a delayed effective date, but not an effective time, at $12{:}01~a.m.$ on the lay after the record is filed.	e earlier of:
Dated April 2	28	
	Signature of a member or authorized representative of a member	
Jeren ———	my McGuire, authorized representative of member Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00