

h22000159273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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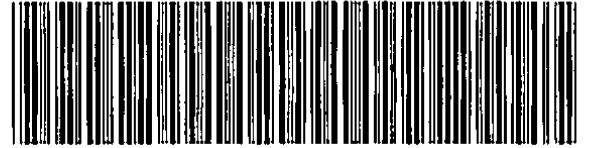
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 APR 25 AM 9:17

T. MATTHEWS

JUN 15 2022

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLUE COAST 179 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:

SERGIO PALACIOS

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

14955 SW 36th ST

\_\_\_\_\_  
Address

DAVIE, FLORIDA, 33331

\_\_\_\_\_  
City/State and Zip Code

bluecoast179@gmail.com

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

For further information concerning this matter, please call:

Sergio Palacios

305 4587166

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

22 APR 25 AM 9:17

Blue Coast 179 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 April 4th, 2022 and assigned  
Florida document number L22000159273.

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:**

14955 SW 36th ST

**(Principal office address MUST BE A STREET ADDRESS)**

Davie, FL. US 33331

**Enter new mailing address, if applicable:**

14955 SW 36th ST

**(Mailing address MAY BE A POST OFFICE BOX)**

Davie, FL. US 33331

**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:

Sergio Palacios

New Registered Office Address:

14955 SW 36th St

*Enter Florida street address*

Davie

*City*

, Florida 33331

*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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sergio X Palacios	14955 SW 36th ST	<input type="checkbox"/> Add
		Davie, FL. US 33331	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Rafael E Vergara	14955 SW 36th ST	<input type="checkbox"/> Add
		Davie, FL. US 33331	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Barbra Palacios	14955 SW 36th ST	<input type="checkbox"/> Add
		Davie, FL. US 33331	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Sergio Palacios Jr.	14955 SW 36th ST	<input checked="" type="checkbox"/> Add
		Davie, FL. US 33331	<input type="checkbox"/> Remove
			<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

[illegible]

(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)

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.

Signature of a member of authorized representative of a member

Typed or printed name of signee