Le9000 104637

(Requestor's Name)	
(Address)	
(Address)	
·	
(City/State/Zip/Phone #)	
· · · ·	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
,	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



100263477151

09/22/14--01045--003 **30.00

TH SEP 22 DIE TO

B. BOSTICK SEP **2 3 2014**

EXAMINER

. COVER LETTER

Division of Cor				
SUBJECT: Coa	stmark Constru	ction Company, LL ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Yane	F. Zane		
		Name of Person		
	<u>Coastmark</u>	Construction Compe Firm/Company	my, LLC	•
	1040 Easter	Lily Ln Address		
	Vero Beach.	FL 32963 City/State and Zip Code CJ + mark - Carr to be used for future annual report notifi)
,	Vzana @ 100	ustmark.com		SEP 22
·			ication)	
For further information of	concerning this matter, please c	all:		
Yane, F.	2ana	at (772) 532-3	418	
Name o	of Person	at (ファス) <u> </u>	Telephone Number	Žių (1)
		•		
Enclosed is a check for the	he 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 Fe Certificate of St Certified Copy (additional copy is	tatus &
•				

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

STREET/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastmark Constructi	on Company, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	iv as it now appears on our records.) lability Company)		
The Articles of Organization for this Limited Liability Company v	were filed on 10/29/2009	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabl	lity company here:		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company " the designation "LLC"	or the abbreviation "I	LC"
•	nty company, the confination (acc	or all boots and in	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
(maining amaress 172222 BETAT GOT GET 1 CO. 1			
:			
B. If amending the registered agent and/or registered of		enter the name	of the new
registered agent and/or the new registered office address here	:		
Name of Name Designand Agents		· S	U
Name of New Registered Agent:		~ ~	
New Registered Office Address:	Enter Florida street address	3	
			Ö
	, Flor	ida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>l'itle</u>	Name	Address	Type of Action
MBR	Antonia Corno Barbieri	1040 Easter Lily Ln	pX Add
		Vero Brack, FL 32943	☐ Remove
			 -
AMBR	Carlo Barbieri	1040 Easter Lily Ln	X Add
		Vero Brach, FL 32963	□ Removc
	· ·		
			Add
	,		Remove
:			Add
			Rémove
			SEP
			Add III
•		:	n Remove
	•		•
	<u> </u>		
	:		☐ Remove

f amending any other information.	, enter change(s) her	e: (Attach additiona	l sheets, if necessary.)
•	,		
,		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
	4	•	
	(
Effective date, if other than the date. The effective date must be specific, cannot be the date this document is filed by the Florida.	e of filing: prior to date of receipt or in Department of State)	iled date and cannot be m	(optional) fore than 90 days after
Dated September 15	/ //:		
		- 1	All man A A All colons
Sgr	nature of a member or auth	orized representative of	Monoge Mode

Page 3 of 3

Filing Fee: \$25.00