

L1 0000106486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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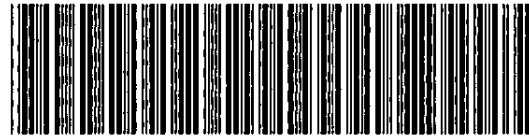
(Business Entity Name)

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T. CLINE

MAR - 6 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coast 2 Coast Lien Search and Mitigation Services, 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:

Jesse David Simpson

Name of Person

Coast 2 Coast Lien Search and Mitigation Services, LLC

Firm/Company

1412 Seagull Drive, #208

Address

Palm Harbor, Florida 34685

City/State and Zip Code

jsimpson@c2clien.com

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

For further information concerning this matter, please call:

Jesse David Simpson

Name of Person

at (727)

422-4682

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/COURIER ADDRESS:

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

2012 MAR -5 PM 2:09
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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Coast 2 Coast Lien Search and Mitigation Services, 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 10/12/2010 and assigned
Florida document number L10000106486.

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 end with the words "Limited 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 ADDRESS)

1412 Seagull Drive. #208

Palm Harbor, Florida 34685

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1412 Seagull Drive, #208

Palm Harbor, Florida 34685

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:

Jesse David Simpson

New Registered Office Address:

1412 Seagull Drive, #208

Enter Florida street address

Palm Harbor

Florida

34685

City

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jeffrey S. Sandler	16202 West Course Drive Tampa, Florida 33624	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jesse David Simpson	1412 Seagull Drive, #208 Palm Harbor, Florida 34685	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Deborah Hanson	3166 Lake Pine Way South Tarpon Springs, Florida 34688	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Also removing Deborah Hanson as she was added merely on an annual report
and she was not on the actual original Articles of Organization.

Dated January 5, 2012


Signature of a member or authorized representative of a member

Jesse David Simpson

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA