

L020000011391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

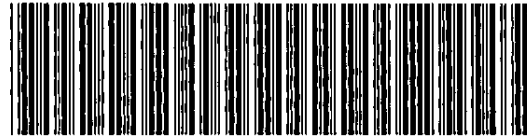
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B. KOHR

SEP 24 2012

EXAMINER



200239772402

200239772402
09/21/12--01030--023 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
12 SEP 21 PM 5:57

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAST COAST PREMIER PROPERTIES, 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:

JULIE MATHIS

Name of Person

EAST COAST PREMIER PROPERTIES, LLC.

Firm/Company

5402 N. OCEANSHORE BLVD.,

Address

PALM COAST, FL 32137

City/State and Zip Code

JULIE@ECPREMIERPROPERTIES.COM

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

For further information concerning this matter, please call:

JULIE MATHIS

Name of Person

at (386)

445-9288

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 21 PM 5:57

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

EAST COAST PREMIER PROPERTIES, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS
12 SEP 24 PM 5:57

The Articles of Organization for this Limited Liability Company were filed on 5/10/2002 and assigned
Florida document number 102000011391.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

138 PALM COAST PKWY #333
PALM COAST, FL 32137

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____

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.

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:

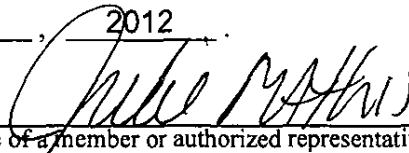
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRENT BRUNS	138 PALM COAST PARKWAY #333 PALM COAST, FL 32137	<input checked="" type="checkbox"/> Add <input 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
			<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.)*

Dated SEPTEMBER 14, 2012



Signature of a member or authorized representative of a member

JULIE MATHIS

Typed or printed name of signee

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF REAL ESTATE

SEQ# L11080201650

DATE	BATCH NUMBER	LICENSE NBR
08/02/2011	100024498	BK3210514

The BROKER
Named below IS LICENSED
Under the provisions of Chapter 475 FS.
Expiration date: SEP 30, 2012

BRUNS, BRENT DANE SR
3468 N. OCEANSHORE BLVD
FLAGLER BEACH FL 32136

RICK SCOTT
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KEN LAWSON
SECRETARY