

LD20000033666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**JUN 24 2009**

**EXAMINER**

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**09 JUN 23 PM 1:56**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Milestone Ventures, L.L.C.  
(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:

Thomas R. Coe Jr.  
(Name of Person)

Milestone Ventures, L.L.C.  
(Firm/Company)

3242 Robinhood Rd.  
(Address)

Tallahassee, Fl. 32312  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas R. Coe Jr. at (850) 891-8201  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

MILESTONE VENTURES, L.L.C.  
(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 December 13, 2002 and assigned Florida document number LC2000033666

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)**

**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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>
Member	Matthew Thomas Coe	4100 Mission Trace Blvd. Tallahassee, Fl. 32303	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Member	Michael Patrick Coe	1884 Collins Landing Rd. Tallahassee, Fl. 32310	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

The members listed above, Matthew Thomas Coe and Michael Patrick Coe have requested their removal from Milestone Ventures, LLC. (Please refer to attached documents.)

Dated June 10, 2009

Thomas R. Coe Jr.

Signature of a member or authorized representative of a member

Thomas R. Coe Jr.

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUN 23 PM 1:56

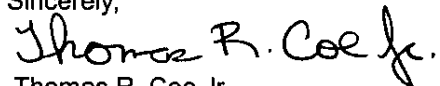
FILED

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

To Whom It May Concern:

Please record the attached documents as an amendment to the By-Laws for Milestone Ventures L.L.C. At their request, the legally signed documents remove Matthew Thomas Coe and Michael Patrick Coe as members of Milestone Ventures L.L.C. and transfers their respective interest of 12.5% each to Patricia B. Coe and Thomas R. Coe Jr. Please contact me at (850) 891-8328 or 385-9887 if you have any questions or need additional information.

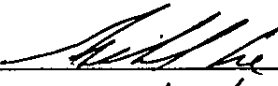
Sincerely,

A handwritten signature in black ink that reads "Thomas R. Coe Jr." with a stylized flourish at the end.

Thomas R. Coe Jr.  
3242 Robinhood Rd.  
Tallahassee, Fl. 32312

MILESTONE VENTURES, L.L.C.

To whom it may concern, I am voluntarily requesting and the members have approved my removal as a partner of Milestone Ventures, L.L.C. effective immediately. I am assigning my 12.5% interest in the business to Thomas R. Coe Jr. of 3242 Robinhood Rd. Tallahassee, Florida.

Signature:   
Print Name: Michael Coe  
Date: 6-7-09

MILESTONE VENTURES, L.L.C.

To whom it may concern, I am voluntarily requesting and the members have approved my removal as a partner of Milestone Ventures, L.L.C. effective immediately. I am assigning my 12.5% interest in the business to Patricia B. Coe of 3242 Robinhood Rd. Tallahassee, Florida.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_