L03000015431

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B. BOSTOCK

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COVER LETTER .

TO:

Registration Section Division of Corporations

SUBJECT.

La Florida Coastal Properties, 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:

Jeffrey A. Landreth

Name of Person

La Florida Coastal Properties, L.L.C.

Firm/Company

32 E HWY C30A, Suite J

Address

Santa Rosa Beach, FL 32550

City/State and Zip Code

ilandreth@laflorida.com

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

For further information concerning this matter, please call:

Jeffrey A. Landreth

Name of Person

*...*850 \231.789(

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**

La Florida Coastal Prop				
(Name of the Limite	d Liability Company as it no A Florida Limited Liability Co	w appears on our records.) mpany)		
The Articles of Organization for this Limited Lie	ibility Company were file	d on 29 April 2003	and assi	gned
Florida document number L03000015431	-, 			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability com	pany here:		
The new name must be distinguishable and end with the v	vords "Limited Liability Comp	any," the designation "LLC" or	the abbreviation "L	.L,C."
Enter new principal offices address, if applica	ıble:		 	
(Principal office address MUST BE A STREE	T ADDRESS)			
				14
				فلايسيېپ. ست نځيد م
Enter new mailing address, if applicable:				्र एक्स
(Mailing address MAY BE A POST OFFICE)	<u> </u>			in it is
			- 14 O	N
B. If amending the registered agent and/		dress on our records, en		of the ne
registered agent and/or the new registered of	lice address here:			
Name of New Registered Agent:	George R. Mead	d, II		··
New Registered Office Address:	220 W. Garden	Street, Sui ∉ te 900		
·		Enter Florida street address	'	
	Pensacola	, Florid	a 32502	
	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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jeffrey A. Landreth	32 E HWY C30A, Suite J	= Add
		Santa Rosa Beach, FL 32459	Remove
			□ Add
			Remove
			□ Add
			□ Remove
			El-Add
			ំ ធ្លាប់ ំ
			26
			□ Remove
			□ Remove

If amending any other information, enter ch	ange(s) here: (Attach addi	tional sheets, if necessary.)
.ffective date, if other than the date of filing	:	(optional)
ffective date, if other than the date of filing he effective date must be specific, cannot be prior to date he date this document is filed by the Florida Department	of receipt or filed date and cannot of State)	ot be more than 90 days after
21 March ,	2014	
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Clauston	nember or authorized representati	ive of a mambar
o. Gay Lana. Ga.	Typed or printed Jame of signee	
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	Page 3 of 3	(元) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4

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Filing Fee: \$25.00