

LD4000085994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

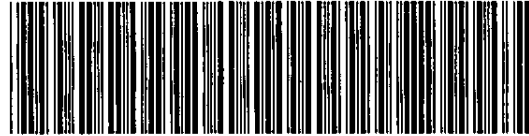
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 25 2016

J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COASTAL MOUNTAIN 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:

Erik Abrahamson

Name of Person

Abrahamson Enterprises

Firm/Company

2519 N. McMullen Booth Rd. Suite 510-307

Address

Clearwater FL 33761

City/State and Zip Code

Carmen @ abrahamson.biz

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

For further information concerning this matter, please call:

Darleen Ostrowski

at (

727

) Area Code

726-7177

Daytime Telephone Number

Name of Person

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

COASTAL MOUNTAIN PROPERTIES 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 11/30/2004 and assigned
Florida document number L04000085994.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2519 N. McMullen Booth Rd. Suite 510-307

(Principal office address MUST BE A STREET ADDRESS)

Clearwater, FL 33761

Enter new mailing address, if applicable:

2519 N. McMullen Booth Rd. Suite 510-307

(Mailing address MAY BE A POST OFFICE BOX)

Clearwater, FL 33761

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:

2519 N. McMullen Booth Rd. Suite 510-307

Enter Florida street address

Clearwater

City

Florida

33761

Zip Code

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ALABAMA

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mary Jane Arbutine	2639 McCormick Dr. Clearwater, FL 33759	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Erik Abrahamson	2519 N. McMullen Booth Rd. Suite 510-307 Clearwater, FL 33761	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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ALLAHUSSEIN FLORIDA

2/15/16

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

3/21

2016

~~Signature of a member or authorized representative of a member~~

Erik Abrahamson

Typed or printed name of signee