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Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corpo	orations			
SUBJECT:	COASTAL MO	UNTAIN PROPERTIES LLC		
SOBILCI:	Name of Lim	ted Liability Company	Erweitende wermer, er	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
		Erik Abrahamson		
		Name of Person	(
		Abrahamson Enterprises		
	and the second s	Firm/Company	entre en	
	2519 N. McMullen I	Booth Rd. Suite 510-307		
		Address		
		Clearwater FL 33761		
	7. 10. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	City/State and Zip Code		
		armen @ abrahamson,biz		
	E-mail address: (to be used for future annual report notificat	ion)	
For further information cor	ncerning this matter, please ca	all:		
Darleen Ostr	owski	727 726=7177 at () Daytime Te		
Name of I	Person	Area Code Daytime Te	SECRETIONAR	***************************************
Enclosed is a check for the	following amount:		IR 2	Englisher Strategiese
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certifled Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

ny as it now appears Liability Company)	on our records.)	•		
	11/30/2004	and ass	igned	
lity Company," the des	ignation "LLC" or the	abbreviation "L.	L.C."	
2519 N. McMulle	en Booth Rd. Suite 5	10-307		
Clearwater, FL 33761				
		510-307		
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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

Title	Name	Address	Type of Action
MGR	Mary Jane Arbutine	2639 McCormick Dr. Clearwater, FC. 337 S	59 □ Add
			Remove
			☐ Change
MGR	Erik Abrahamson	Classwater, 71, 33761	307 □ Add
		Crowner, H. 22101	☐ Remove
			Change
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Page 3 of 3

Filing Fee: \$25.00