## L05000054134

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FEB 1 9 2013

T. HAMPTON

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: C	PASTAL LIGHTI Name of Limit	FOUSE INVESTMENT ed Liability Company	TS LLC
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	DONNA M	Ic GAREY  Name of Person	
		·	
		Firm/Company	<del> </del>
	530 SPARA	LOW HAWK CV	
		71001030	
	CHULUOTA	FL 32766	
	demea	City/State and Zip Code  Are y & Cfl. rr, Co  be used for future annual report notification	om
	E-mail address: (to	be used for future annual report notification	on)
For further information con-	cerning this matter, please ca	ılt:	
DONNA MO	GAREY	at (4,17) 4/5 – 9 Area Code & Daytime Te	343
Name of Po	erson	Area Code & Daytime Te	lephone Number
Enclosed is a check for the			
\$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

CUNSTAL	LIGHTHOUSE INVESTM	EN17
(Name of the Limited I	Liability Company as it now appears on our records. Florida Limited Liability Company)	<i>)</i>
	ability Company were filed on	
This amendment is submitted to amend the follow	wing:	- 635 8 375 - 200
A. If amending name, enter the new name of	the limited liability company here:	## 15 PM
COASTAL LIGHTHOUS	E GROUP LLC	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office address on our records, <u>ent</u> ice address here:	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	, Florida	
	Citv	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 = 1	MGRM = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			<u> </u>
			Add
			Remove
			<del></del>
	<del></del>		Add
			Remove Remove
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		· · · · · · · · · · · · · · · · · · ·	
			Remove
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			Remove

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	,
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-	
-	
ated	2/14 2013
	2/14 2013. Ednal Mc Dan
	Signature of a member or authorized representative of a member
	EDMUND Mc GARE Y Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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