

LD00000011070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

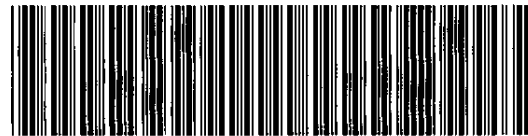
Special Instructions to Filing Officer:

L. SELLERS

JUN 10 2010

EXAMINER

Office Use Only



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06/07/10--01058--016 **25.00

FILED
10 JUN -7 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coastal Beach Enterprises, 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:

Drew Corazza

Name of Person

Coastal Property Services Group, LLC

Firm/Company

P.O. Box 3434

Address

Clearwater, FL 33767

City/State and Zip Code

drew@mycpshome.com

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

For further information concerning this matter, please call:

Drew Corazza

Name of Person

at (727)

461-6149

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

Coastal Beach Enterprises, 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 01/31/2006 and assigned
Florida document number L06000011070.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Coastal Property Services Group, LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

P. O. Box 3434

(Mailing address MAY BE A POST OFFICE BOX)

Clearwater, FL 33767

N/A

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

City

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

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10 JUN - 7 10:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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> |
|--------------|-------------|----------------|---|
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

N/A

Dated June 6th, 2010.


Signature of a member or authorized representative of a member

Drew Corazza

Typed or printed name of signee