

L-06000081033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

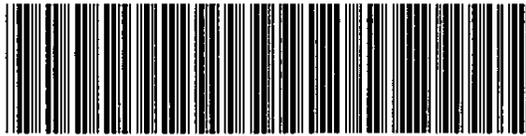
(Business Entity Name)

(Document Number)

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JB

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coastline Storm Solutions 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:

Robert Connor
(Name of Person)

Coastline Storm Solutions LLC
(Firm/Company)

25150 Bernwood Dr. Ste. 5
(Address)

Bonita Springs, FL 34135
(City/State and Zip Code)

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For further information concerning this matter, please call:

Robert Connor at (239) 949-0059
(Name of Person) (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**

Coastline Storm Solutions LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 08/16/2007 and assigned document number L06000081033.

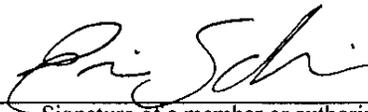
SECOND: This amendment is submitted to amend the following:

Please transfer the MGMR from the name of Erin Schira to Robert Connor.

MGMR

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Dated September 04, 2007.



Signature of a member or authorized representative of a member

Erin Schira

Typed or printed name of signee

Filing Fee: \$25.00