## L06000107377

(Re	equestor's Name)	• .
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<u> </u>
(20	omoso Emily Hame	-)
(Do	cument Number)	
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	İ
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

J. BRYAN

APR 2 1 2009

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co			•
SUBJECT: Coasta		ance Services, LLC. ited Liability Company)	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Zachary Steven Johnson	(Name of Person)	
	······································		
11714 Emerald Coast Pkwy			SEC T
		(Address)	程72
	Miramar Beach, FL 3255	0	ARY
	****	(City/State and Zip Code)	ing 3 c
For further information of	concerning this matter, please c	all:	OS APR 20 PM 4: 20 SECRETARY OF STATE TALLAHASSEE. FLORIDA
Zach Johnson		at ( 850 ) 269-9818	
		(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Properties Maintenance Services, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		65	
The Articles of Organization for this Limited Liability Compar	ny were filed on 11/03/	2006 and assigned	
Florida document number 1.06000107377		7,7	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and end with the words "Lir"L.L.C."	nited Liability Company	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	11714 Emerald Co	past Pkwy.	
(Principal office address MUST BE A STREET ADDRESS)	Miramar Beach, F	L 32550	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our ere:	records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Ente	r Florida street address)	
	, Florida		
	(City)	(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 <sup>1</sup> MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
MGR	Zachary S. Johnson	11714 Emerald Coast Pkwy Miramar Beach, FL 32550	Add Remove	
MGR	Anthony Robinson	11714 Emerald Coast Pkwy Miramar Beach, FL 32550	Add Remove	
			Add Remove	
			Add Remove	
			<b>=</b> .	
			Add Remove	
D. If amen	nding any other information, enter	change(s) here: (Attach additional sheets, if necessa	· www	
. <del>-</del>			OS APR 20 PM SECRETARY OF SECRETARY OF	
  Dated	April 16	2009.//	PM 4: 20 OF STATE E. FLORIDA	
	· · · · · · · · · · · · · · · · · · ·	nember or authorized representative of a member		
	Zachary S. Johnson	on Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00