

W07000048999

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

COASTAL DRYING SYSTEMS LLC

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D. BRUCE

JAN 11 2008

EXAMINER
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COASTAL DRYING SYSTEMS LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEAH H
(Name of Person)

CHECK MATE
(Firm/Company)

4411 BEE RIDGE RD. #257
(Address)

SARASOTA, FL 34233
(City/State and Zip Code)

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For further information concerning this matter, please call:

LEAH H at (941) 366-1847
(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

COASTAL DRYING SYSTEMS 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 MAY 8, 2007 and signed
Florida document number L07000048999

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This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: _____

New Registered Office Address: _____

(Enter 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)

Jan 11 08 11:50a

Check Mate

941 894.0413

Jan 11 08 05:59a

Coastal Carpet Care

1-941-924-3586

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p. 1

Jan 09 08 11:03a

Check Mate

941 894.0413

p. 2

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

Title	Name	Address	Type of Action
MGR	BARRY E. WALINSKI	883C ESTERO BLVD FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CHERYL A. BELANGER	4865 POST POINTE DRIVE SARASOTA, FL 34233	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JANUARY 8

2008



[Handwritten Signature]

Signature of a member or authorized representative of a member

GRAHAM PUSTHAVER

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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