408000005817

Ę.,

	(Requestor's Name)
	(Address)
·	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
	A. LUNT
	MAR 27 2009

EXAMINER

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FILED

COVER LETTER

Division of Cor	porations				
_{SUBJECT:} Coasta	l Plain Land Manag	ement, LLC			.
	(Name of Lin	nited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Shaun Dorethy				
	Onder Doretty	(Name of Person)			
		,			
	Coastal Plain Land and			2	
		(Firm/Company)	P.C.	g 5	
	115 Duncan Dr		AH	2009 MAR 26	
		(Address)		26 R)	1
			E.	유 공	П
	Crawfordville, FL 32327	(City/State and Zip Code)	<u>_</u>	STA	C
		(City/State and Zip Code)	30	26 ATE	
For further information c	oncerning this matter, please of	call:	P		
Shaun Dorethy		at (850) 459-3267			
	(Name of Person) at (Area Code & Daytime Telephone Num		elephone Number)		
Enclosed is a check for the	ne 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 I Certificate of Certified Cop (additional co	f Status &	osed)
MAII	ING ADDRESS	STPFFT/CALIDIED	ANDRESS.		

Registration Section

TO:

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 Plain Land Management,			<u> </u>		
(Name of the Limited (A	Florida Limited Li	y as it now appears on our rability Company)	ecords.)		
The Articles of Organization for this Limited Li Florida document number L08000005817	ability Company	were filed on January 16, 2	2008	_ and ass	signed
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
Coastal Plain Land and Lakes, L.L.C.					
The new name must be distinguishable and end with "L.L.C."	h the words "Limit	ed Liability Company," the de	signation "LLO	C" or the	abbreviation
Enter new principal offices address, if applica	able:	115 Duncan Dr.	7		
(Principal office address MUST BE A STREE	T ADDRESS)	Crawfordville, FL 32327	į.	× 29	
			A.E.	HAR.	תר
Enter new mailing address, if applicable:		115 Duncan Dr.	SSEE, I	26 PM	
(Mailing address MAY BE A POST OFFICE BOX)		Crawfordville, FL 32327		ľ,	O
			ATE ATE	26	
B. If amending the registered agent and/or registered agent and/or the new registered of			ds, <u>enter the</u>	name (of the new
Name of New Registered Agent:	Shaun Dorethy			 	
New Registered Office Address:	115 Duncan Dr				
		(Enter Floria	la street addre	:ss)	
	Crawfordville		Florida 3232	7	
		(City)		(Zip Coa	le)
New Registered Agent's Signature, if changing R	egistered Agent:				

(If Changing Registered Agent, Signature of New 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 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>	Address	Type of Action
MGR <u>∕</u> ∕\	Shaun Dorethy	115 Duncan Dr Crawfordville, FL 32327	Add Remove
			200 MAR 26
D. If amendir	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	Add Add AFF Semove ADD ADD ADD ADD ADD ADD ADD A
<u> </u>			
Dated March 2	IL.	Such	
	Signature of a member	er or authorized representative of a member	
_	Турес	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00