

L0800011436d

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

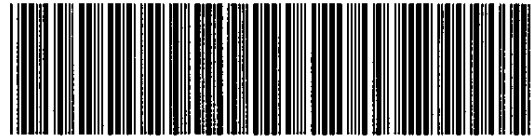
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 SEP -7 PM 2:26

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DGW Concierge Services, 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:

CARTER GRANT  
Name of Person

DGW Concierge Services, LLC  
Firm/Company

1586 Golden Harvest Lane  
Address

Naples, FL 34109  
City/State and Zip Code

CGRANT@CARTERGRANTAC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peggy Grant at (239) 494-8788  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

DGW Concierge Services, L.L.C.

(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 12/15/2008 and assigned  
Florida document number 208000114361

This amendment is submitted to amend the following:

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

Coastal Concierge Services, L.L.C.

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:

(Principal office address MUST BE A STREET ADDRESS)

no change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

no change

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

**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:

NA

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated

9/1/10

*Carter M. Grant*

Signature of a member or authorized representative of a member

Carter M. Grant

Typed or printed name of signee