

LO91000051387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

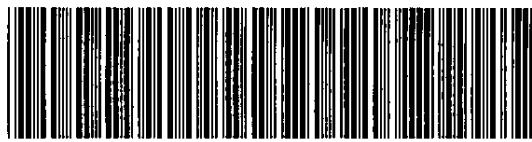
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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NOV 18 2009  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rentals Gone Wild 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:

Lindsay Brewer

Name of Person

Coastal Prime Properties LLC

Firm/Company

3101 N Nebraska Ave

Address

Tampa, FL 33603

City/State and Zip Code

lindsaykbrewer@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsay Brewer

Name of Person

at ( 704 )

621-6666

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

Rentals Gone Wild 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 5/27/09 and assigned Florida document number L09000051387.

This amendment is submitted to amend the following:

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

Coastal Prime Properties LLC

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)

3101 N Nebraska Ave

Tampa, FL 33603

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3101 N Nebraska Ave

Tampa, FL 33603

**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:

Lindsay Brewer

New Registered Office Address:

3101 N Nebraska Ave

*Enter Florida street address*

Tampa

, Florida

09 NOV 16  
TALLAHASSEE, FL  
33603  
Zip Code 33603  
FLORIDA  
10/08/16

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**

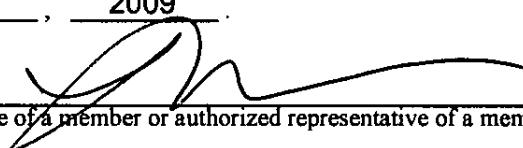
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Heidi Behrendt</u>	<u>3101 N Nebraska Ave</u> <u>Tampa, FL 33603</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>William Crescenzo</u>	<u>3101 N Nebraska Ave</u> <u>Tampa, FL 33603</u>	<input type="checkbox"/> Add <input checked="" 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 November 3, 2009

Signature of a member or authorized representative of a member

  
Lindsay Brewer  
Typed or printed name of signee

09 NOV 16 AM 8:10  
RECEIVED  
STATE OF FLORIDA  
TALLAHASSEE

FILED