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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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SECRETARY OF STATE

D. BRUCE

DEC 16 2009

EXAMINER

COVER LETTER

TO:

TO:	Registration Division of C	Section Corporations		
SUBJECT: Coastal			tal Source LLC	
		Name of Lir	nited Liability Company	
The en	closed Articles	of Amendment and fee(s) are s	ubmitted for filing.	
Please	return all corre	spondence concerning this matt	er to the following:	
Franco D'Ascanio				
			Name of Person	
			Coastal Source LLC Firm/Company	
		33 ,		
			1450 Overseas Highway Address	
			Marathon FL, 33050 City/State and Zip Code	
		canio@dasignsource.com	~	
Б. С			(to be used for future annual report notification)	-
ror tur	iner informatio	n concerning this matter, please	e can:	17
		ranco D'Ascanio	Marathon FL, 33050 City/State and Zip Code ccanio@dasignsource.com c(to be used for future annual report notification) e call: at (305) Area Code & Daytime Telephone Number Drivers	7
			3	
Enclos	ed is a check fo	or the following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, 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	Source LLC		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appea d Liability Company)	rs on our records.)	•
The Articles of Organization for this Limited Liability Compa	nny were filed on	11/12/2009	and assigned
Florida document numberL09000108684			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L"L.L.C."	imited Liability Comp	any," the designation "I	.LC" or the abbreviation
Enter new principal offices address, if applicable:	***************************************		E. Co
(Principal office address MUST BE A STREET ADDRESS			PO P
			A
Enter new mailing address, if applicable:			99
(Mailing address MAY BE A POST OFFICE BOX)		CORII	5.00
	***************************************		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter (he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E)	ner Florida street ada	hress
	Cimi	, Florida	Zip Code
	Ciţy		гір Соае

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

Is 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>	Name	Address	Type of Action
MGRM	Todd Zimmermann	370 Tom Brown Road Moorestown_NJ08057	Add Remove
MGRM	Amedeo D'Ascanio	11240 3rd Ave Gulf Marathon FL, 33050	Add Remove
MGRM	Tony D'Ascanio	374 Stirrup Key Blvd Marathon FL 33050	_[/] Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	PILED 09 DEC 15 MH 10: 50
		ORIDA	D: 50
Dated	November 12 , 2009		_
	Signature of a member or	authorized representative of a member	
		nco D'Ascanio printed name of signee	

Page 2 of 2

Filing Fee: \$25.00