L0900011207

| (Re | equestor's Name) | | | |
|---|--------------------|------|--|--|
| (Ac | ldress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Do | ocument Number) | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE

T. HAMPTON

DEC 2 3 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: COASTAL OBSESSION LLC Name of Limited Liability Company |
| The state of the s |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Nancy Gentile Name of Person |
| COASTAL OBSESSION LLC |
| 100 intracoastal circle Address Tequesta, fl 33469 |
| |
| City/State and Zip Code Nance 6 555 @ 801. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Nancy Gentile 1305 775-2439 |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee. |
| Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) |
| |
| MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations |

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 DEC 22 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 16, 2009

NANCY GENTILE 100 INTRACOASTAL CIR TEQUESTA, FL 33469

SUBJECT: COASTAL OBSESSION LLC

Ref. Number: L09000114207

We have received your document for COASTAL OBSESSION LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 909A00038262

Division of Comparations D.O. DOV 6997 Wellaharma Florida 90914

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

OBSESSION (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 Lia | ability Company were filed o | <u> 11-30-2</u> | and assig | ned |
|--|---|-----------------------------|-----------------|--|
| Florida document number LO 9000 | | | | |
| This amendment is submitted to amend the follo | wing: | | | |
| A. If amending name, enter the new name of | the limited liability compar | ny here: | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liability (| Company," the designation " | 'LLC" or the ab | breviation |
| Enter new principal offices address, if applica | ble: | | 09 | SEd SEd |
| (Principal office address MUST BE A STREET | (ADDRESS) | | <u>E</u> | <u> </u> |
| | | | | FIGURE OF THE PERSON OF THE PE |
| Enter new mailing address, if applicable: | <u> </u> | | <u> </u> | - RS |
| (Mailing address MAY BE A POST OFFICE E | <u></u> | | | SNOLL |
| B. If amending the registered agent and/o registered agent and/or the new registered off | <u>ice address here</u> : | | | the new |
| Name of New Registered Agent: | Namey G | entile | *** | |
| New Registered Office Address: | 100 intra c | coastal circ | 10 | |
| | Nancy Gentile 100 Intra coastal cir tequesta Florida | | dress | |
| | TEQUESTA | Florida | 3346 | <u>9</u> |
| | City | | Zip Code | |
| New Registered Agent's Signature, if changing R | egistered 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

| | <u>Name</u> | Address | Type of Act |
|-------------|--------------------------------------|--|-----------------------------------|
| — | | | Add Remove |
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| amendii | ng any other information, enter char | nge(s) here: (Attach additional sheets, if necessary.) | _ |
| 0/ | nly omendin | g new reg. agent | <u></u> |
| | | | |
| A | OPC: 19: 2009_ (NONC | Control and the state of a member | DIVISION OF CORP 09 DEC 2 2 AM |

Filing Fee: \$25.00