

L 10000063107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

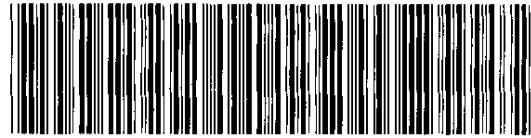
Special Instructions to Filing Officer:

A. LUNT

AUG 11 2010

EXAMINER

Office Use Only



800183969138

2010-9-10 2:23

**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: COASTAL COTTAGES AMI, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sue CARLSON  
Name of Person  
Coastal Cottages AMI LLC  
Firm/Company  
9908 GULF DR. / PO BOX 1178 MAILING ADDRESS  
Address  
Anna Maria FL 34216  
City/State and Zip Code  
coastcottagesami@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sue Carlson at (941) 779-9320  
Name of Person 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**

AMI COASTAL COTTAGES 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 June 14, 2010 and assigned Florida document number L10000063107

This amendment is submitted to amend the following:

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

COASTAL COTTAGES AMI LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

SUE CARLSON

New Registered Office Address:

9908 GULF DRIVE

Enter Florida street address

ANNA MARIA

Florida

34216

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.

Sue Carlson  
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>
MGRM	SHANNON PHELPS	9908 GULF DR.	<input type="checkbox"/> Add
		Anna Maria FL 33276	<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 August 5, 2010.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

SUE CARLSON  
\_\_\_\_\_  
Typed or printed name of signee

2010 AUG 5 PM 2:20

L10000063107  
FILED 8:00 AM  
June 14, 2010  
Sec. Of State  
dbruce

### Article V

The name and address of managing members/manager are:

Title: MGRM

~~SHANNON PHELPS~~

9908 GULF DRIVE

ANNA MARIA FL 34216 US

CORRECT

Title: MGRM

SUE CARLSON

9908 GULF DRIVE

~~HOLMES BEACH, FL 34217 US~~

This is incorrect, It  
should be:

Anna Maria FL

34216

### Article VI

The effective date for this Limited Liability Company shall be:

06/12/2010

Signature of member or an authorized representative of a member

Signature: Shannon J Phelps