## L1000096949

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K.SALY EXAMINER LAN 19

## **COVER LETTER**

то:	Registration Sec Division of Corp			•
cupin	Luke Macy l	Lola LLC		
SUBJE	CI: <u>C</u>	Name of Limit	ed Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please r	eturn all correspor	ndence concerning this matter to	o the following:	
		Vicki Middlekauff		
			Name of Person	
		Vicki Middlekauff CMA, P.	A	
			Firm/Company	
		786 Blanding Blvd., Ste. 12	0	
			Address	
		Orange Park, FL 32065		
			City/State and Zip Code	
		vhaccountant@comcast.net		
			o be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please ca	11:	
Vicki N	/liddlekauff		904 644-7775 at ()	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
<b>⊞</b> \$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:

TO:

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

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2016 JAN 15 PH 3: 22

SCORP OF STATE

AHASSEE, FLORING.

Luke Macy Lola LLC

(Name of the Limited Liability Company as it now appears on our records.)(A Florida Limited Liability Company)

		1.08m
The Articles of Organization for this Limited Liability C	Company were filed on 9/16/2010	**
Florida document number L10000096949	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Coast2Coast Mortgage LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street address	;
	, Fla	orida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my duties, an gent as provided for in Chapter 605, I ed office address, I hereby confirm tha	d I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If antending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Manager Authorized Member ,		FILER	
<u>Title</u>	Name	Address	2016 JAN 15 PM 3:0	Type of Action
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Signature of a member or authorized representative of a member		FILE.
Signature of a member or authorized representative of a member		2016 JAN 15
Signature of a member or authorized representative of a member		TALL CONTROLL STATE OF THE 3.
rective date, if other than the date of filing:  1/11/2016  (optional)  neffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  to: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.  Signature of a member or authorized representative of a member		SSEF, FI CRID
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veni const	Vern Corst	

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