

L1 0000106486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

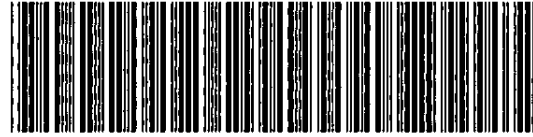
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

MAR - 6 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coast 2 Coast Lien Search and Mitigation Services, 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:

Jesse David Simpson
Name of Person
Coast 2 Coast Lien Search and Mitigation Services, LLC
Firm/Company
1412 Seagull Drive, #208
Address
Palm Harbor, Florida 34685
City/State and Zip Code
jsimpson@c2clien.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesse David Simpson at (727) 422-4682
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

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TALLAHASSEE, FLORIDA

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

Coast 2 Coast Lien Search and Mitigation Services, 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 10/12/2010 and assigned Florida document number L10000106486.

This amendment is submitted to amend the following:

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

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:

1412 Seagull Drive. #208

(Principal office address MUST BE A STREET ADDRESS)

Palm Harbor, Florida 34685

Enter new mailing address, if applicable:

1412 Seagull Drive, #208

(Mailing address MAY BE A POST OFFICE BOX)

Palm Harbor, Florida 34685

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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:

Jesse David Simpson

New Registered Office Address:

1412 Seagull Drive, #208

Enter Florida street address

Palm Harbor

Florida

34685

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.


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

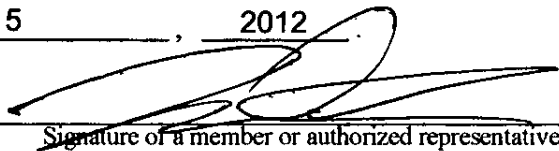
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	<u>Jeffrey S. Sandler</u>	<u>16202 West Course Drive</u> <u>Tampa, Florida 33624</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>Jesse David Simpson</u>	<u>1412 Seagull Drive, #208</u> <u>Palm Harbor, Florida 34685</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	<u>Deborah Hanson</u>	<u>3166 Lake Pine Way South</u> <u>Tarpon Springs, Florida 34688</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)*

Also removing Deborah Hanson as she was added merely on an annual report
and she was not on the actual original Articles of Organization.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2012 MAR -5 PM 2:00
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Dated January 5, 2012



Signature of a member or authorized representative of a member

Jesse David Simpson

Typed or printed name of signee