L10000125240

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Ellith Mattle)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300193913553

02/11/11--01010--002 **25.00

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

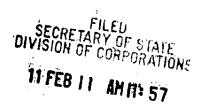
COVER LETTER

	Elito Coo	stal Rentals LLC	
SUBJECT:		ted Liability Company	
	Amendment and fee(s) are sub	-	
	÷.	David B. Johnston	· ·
	Elit	e Coastal Rentals LLC	
		Firm/Company	
	570	02 Marina Drive Suite E Address	3
	Но	lmes Beach, FL 34217	
	info@	City/State and Zip Code EliteCoastalRentals.co	om
For further information co	e-mail address: (to	o be used for future annual report all:	nolification)
Day Name of	rid Johnston	at (_941_)at (_946_6_D	896-4860 aytime Telephone Number
Nume of	TOISON	Aira Code & D	ayume receptone realises
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILI	NG ADDRESS:	STREET/CO	DURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Elite (Coastal Renta/5	LLC
(<u>Name of the Limited Liabili</u> (A Florida	a Limited Liability Company	y)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	December 7, 2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company l	nere :
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Con	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad-	stered office address or dress here:	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
		Enter Florida street address
	City	, Florida
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David J Johnston	5909 Flotilla Drive Holmes Beach, Fl. 34217	Add ☑ Remove
	<u> </u>		Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessa	ry.)
			ECREJAR ISION OF O
			Y OF STATE
Dated	February 8	2011 .	7 IOHS
	David	LB. Johnston	
	Signature of a r	nember of authorized representative of a member David B. Johnston	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00