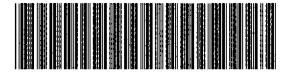
L11.000059803

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

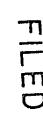
Office Use Only



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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA





J. BRYAN

DEC 31 2012

EXAMINER



December 17, 2012

CHRIS COILE COILE HOMES, LLC 8100 NW 91ST AVE TAMARAC, FL 33321

SUBJECT: COILE HOMES, LLC Ref. Number: L11000059803



We have received your document for COILE HOMES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We didn't receive the complete amendment form with the signature of a member.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 312A00029682

COVER LETTER

Division of Co			
SUBJECT: Coile Ho	mes, LLC		
		led Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	•
			THE THE
	Chris Coile		
		Name of Person	728 TARS
	Coile Homes, LLC		黑星 口
-	0011011100, 020	Firm/Company	FILED AMI: 03 MIZDEC 28 AMII: 03 SECRETARY OF STATE TALLAMASSEE, FLORID
	R100 NIM/ O1 ot Avo		ROS
	8100 NW 91st Ave	Address	
	Tamarac, FL 33321		
	: -	City/State and Zip Code	
	coilehomes@ymail.co E-mail address: (t	on be used for future annual report notificate	on)
For further information of	concerning this matter, please ca	all:	
Chris Coile		at (954)805-1128	
Name o	of Person	Area Code & Daytime To	elephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fec	■\$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

Coile Home	s, LCC			SERVE
(Name of the Limited) (A	Liability Company	as it now appears on	our records.)	
The Articles of Organization for this Limited Liz Florida document number <u>L1100059</u>			1201201	_ and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of Pain. The new name must be distinguishable and end with "L.L.C."	ting Ur	ilimited!	LLC the designation "LL	C" or the abbreviation
Enter new principal offices address, if applica	ble:	7154 #161	N.Universi	ty Drive
(Principal office address MUST BE A STREET	(ADDRESS)	Tamarac	h 333) (
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	7154 N #161 Tamarac	1. U Nivers	ity Drive
B. If amending the registered agent and/o registered agent and/or the new registered off		ce address on our	records, <u>enter th</u>	e name of the new
Name of New Registered Agent:				
New Registered Office Address:	7154	Entar I	(Sity DC) Torida street addre	ss # 161
	Tamara		, Florida <u>3</u>	
		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

Page 1 of 3

If amending or Managin	g the Managers or Managing Members g Member being added or removed fro	on our records, enter the title, name, and address of carb Manager m our records:
MGR = Ma		m our records:
Title	<u>Name</u>	Address Type of Action 75
MGR	Chris Coile	8100 NW 91st Ave Add
		Tamarac, A 33321 VRemove
	2.	7154 N University Drive # 161
MGR	Chris Coile	Tamarac, Fr 33321 PAdd
		Remove
MC a	Alexis Coile	\sim
116K	MKXIZ COLO	8100 NW 91st Ave Add
		Tamarai, fi 33321 PRemove
MGR	Alexis Coile	7154 N. University Drivery Add
		# 161 Remove
		Tamarac, fr 33321
	*****	Add
		Remove
		Add
		Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	25 6 /
	The second
Dat	ed
	Chus Call
	Signature of a member or authorized representative of a member
	Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00