

**L11000064182**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
2011 JUN 24 PM 1:05  
CLERK OF CIRCUIT COURT  
PALM BEACH COUNTY, FLORIDA

**C. LEWIS**  
JUN 27 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COASTAL BAY LAWNS, 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:

JAMIE T. PICKETT

Name of Person

COASTAL BAY LAWNS, LLC

Firm/Company

3614 LARK LANE

Address

PANAMA CITY, FL 32404

City/State and Zip Code

COASTALBAYLAWNS@LWE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMIE T. PICKETT

Name of Person

at (850) 625-4320

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

FILED

2011 JUN 24 PM 05

COASTAL BAY LAWN, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6.1.2011 and assigned  
Florida document number 111000064182

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:

(Principal office address MUST BE A STREET ADDRESS)

3614 LARK LANE  
PANAMA CITY, FL 32404

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3614 LARK LANE  
PANAMA CITY, FL 32404

**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:

JAMIE T. PICKETT

New Registered Office Address:

3614 LARK LANE

Enter Florida street address

PANAMA CITY

City

Florida

32404

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.

Jamie T. Pickett  
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>
MGR	MARK STITT	185 MARLIN CIRCLE PANAMA CITY BEACH FLORIDA, 32408	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JAMIE T. PICKETT	3614 LARK LANE PANAMA CITY FLORIDA, 32404	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JUNE 20, 2011

MARK STITT  
Signature of a member or authorized representative of a member  
MARK STITT  
Typed or printed name of signee

JAMIE T. PICKETT  
Signature of a member or authorized representative of a member  
JAMIE T. PICKETT  
Typed or printed name of signee

2011 JUN 24 PM 3:05  
FILED  
BAY COUNTY STATE  
TALLAHASSEE FLORIDA