L11000064182

(Re	questor's Name)			
hA)	dress)			
; ;	u1033)			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
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Certified Copies Certificates of Status				
<u>,</u>				
Special Instructions to	Filing Officer:			
		:		

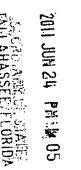
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Office Use Only



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06/24/11--01024--019 **30.00



C. LEWIS

JUN 2 7 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						
PANAMA CITY, FL 32404						
PANAMA CITY, FL 32404 City/State and Zip Code Coastal BAYLAWNS PLUE. COM E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
JAMIÉ T. PICKETT a1 (850) 625.4320						
Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \times \						

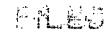
MAILING ADDRESS:

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 ARTICLES OF ORGANIZATION **OF**



28H HIN 21 PM NOS

^			2010 0014 5	24 IN 848 OO		
· COASTAL BAY			SLUREIA	NY USESTATE		
(Name of the Limited Liability Company as it now appears on our records HASSEEFFLORIDA (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liab		ere filed on 6.	1.2011	and assigned		
Florida document number <u>L11000064</u>	1182					
This amendment is submitted to amend the following	ng:	,				
A. If amending name, enter the new name of the limited liability company here:						
A maintaing name, enter the new haute of the	c mmeet nabine	y company nere.				
The new name must be distinguishable and end with the	ne words "Limited	Liability Company."	the designation "LL	.C" or the abbreviation		
"L.L.C."	/- with the ball of the bal	,				
Enter new principal offices address, if applicable:		3614 LAR	K LANE			
(Principal office address MUST BE A STREET ADDRESS)		PANAMA	CITY, FL	32404		
	-					
Enter new mailing address, if applicable:		3614 LAR	k Lane			
(Mailing address MAY BE A POST OFFICE BOX)		BANAMA 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	e address here:					
	1011.0	TO PARET	7			
Name of New Registered Agent:		T. PICKET	t .			
New Registered Office Address:	3614 L	ARK LANE				
,	•		lorida street addre	ess .		
_	AMAMA	City	, Florida,	32404		
	(City		Zip Code		
New Registered Agent's Signature if changing Reg	istered 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 **Type of Action Title** <u>Name</u> **Address** 185 MARLIN CIRCLE DANAMA CITY BEACH FLORIDA, 32408 MARK STITT MGR ☐ Add Remove JAMIE T. PICKETT MGR ☐ Add □ Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 2011 20 Dated Signature of a member or authorized representative of a member AMIET. PICKETT Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00