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SECRETARY OF STATE PLYSION OF CORPORALIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TL Coastal Construction LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.
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:
David L. Taber
Name of Person
In Balance Inc.
Firm/Company
12268 Tamiami Trl. E., Ste 301 Address
Address
City/State and Zip Code ting chpe 9 mail. com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Taber at (239) 7>4-5100 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee \& \text{Certified Copy} & C

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

Coastal Construction (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 10/17/20 11 and assigned Florida document number L11000118373 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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

MGR - Manager

.

Oct 20.11 04:18p Tim

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Membér being added or removed from our records:

	<u>Name</u>	Address	Type of Action
nern	James M.tchell	3899 5th Avenue NW Napier, FL 34120	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	age(s) here: (Attach additional sheets, if necessary.)	
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Dated	10 20 10 , 2	0 (1 2	

Page 2 of 2

Filing Fee: \$25.00