L12000034961

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic-Coastal Management Group, 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:

John Eisenach

Name of Person

Atlantic-Coastal Management Group, LLC

Firm/Company

500 Cinnamon Beach Way Unit 445

Address

Palm Coast, FL 32137

City/State and Zip Code

eisejm@comcast.net

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

For further information concerning this matter, please call:

John Eisenach

Name of Person

770 265-9692

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

Atlantic Coastal Management Group, LLC

(Name of the Limited Liability (A Florida		on our records.)	<u> </u>		
The Articles of Organization for this Limited Liability (Florida document number L12000024961	Company were filed on Feb	ruary 21, 2012	_ and as	signed	
This amendment is submitted to amend the following:		mpany here: ility Company," the designation "LLC" or the abbreviation			
A. If amending name, enter the new name of the lim	nited liability company here	:			
Atlantic-Coastal Properties, LLC					
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compar	ny," the designation "LL	C" or the	abbrevi	ation
Enter new principal offices address, if applicable:			!	<u>~</u> 3	
(Principal office address MUST BE A STREET ADD	RESS)		()		 _
			聖哥	<u>Yo.</u>	
			532 543	-2	e erater c
Enter new mailing address, if applicable:				79	1
(Mailing address MAY BE A POST OFFICE BOX)		-	7 - G	ω	
			黑点	=	_
			-	-(=)	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, <u>enter th</u>	name	of the	new
Name of New Registered Agent:					
New Registered Office Address:					
	Ente	er Florida street addre	SS		
		, Florida		·	
	City		Zip Coa	le	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
		····	Remove
			Add
	,		Add
,,			Sign Chadd
			Remove
	- 		Add
			Remove

am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
•	
a 1	Jovenber 6, 2013
u 75	1 /
	Jan
	Signature of a member or authorized representative of a member
	John Eisenach Typed or printed name of signee
	typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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