

L12000101130

(Requestor's Name)

(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:

Office Use Only



400239877264

09/24/12--01030--013 **25.00

FILED
2012 SEP 24 PM 2:49
TALLAHASSEE, FLORIDA
U.S. DEPT. OF JUSTICE

J. BRYAN

SEP 25 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DE GEORGE CASTAL, 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:

SEAN T. HORAN
Name of Person

DE GEORGE CASTAL, LLC
Firm/Company

680 Kingsley Avenue
Address

ORANGE PARK, FL 32073
City/State and Zip Code

CSSI@CLEARWIRE.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN HORAN at (904) 644-6400
Name of Person 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

FILED
SEP 24 PM 2:49
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DEGEORGE COASTAL, LLC

(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 8/6/12 and assigned
Florida document number L12000101130.

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

_____, Florida

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

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

Title	Name	Address	Type of Action
MGR	DEGEORGE Enterprises, Inc.	P.O. Box 10044 Fleming Island, FL 32006	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Coastal Specialty Solutions, Inc.	680 Kingsley Ave Orange Park, FL 32073	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SEAN HORAN Sr.	680 Kingsley Ave Orange Park, FL 32073	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BERNARD DEGEORGE JR.	1899 Commodore Pt. Fleming Island, FL 32006	<input type="checkbox"/> Add <input checked="" 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

September 19, 2012

Signature of a member or authorized representative of a member

SEAN T. HORAN

Typed or printed name of signer

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2012 SEP 24 PM 2:49

FILED