12000147221

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MA	dL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
FEB 2 5'2019 ¹				
SS. TROMBER				

Office Use Only
Filing Fee waived. Our office
assigned a name not available.



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DECRETARY OF STATE
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2013

COASTAL CLAIMS CONSULTANTS, LLC 775 ORCHID CT. MARCO ISLAND, FL 34145-5721

SUBJECT: COASTAL CLAIMS CONSULTANTS, LLC

Ref. Number: L12000147221

This is to advise you that on November 26, 2012, we filed your limited liability company under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your limited liability company to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

Letter Number: 113A00003539

If you have any questions, please call (850) 245-6051.

Sincerely,

Sean Toner Senior Section Administrator Registration Section

www.sunbiz.org

COVER LETTER

TO:

Registration Section
Division of Corporations

Coastal Claims Consultants,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:

Alice Sterling

Name of Person

Coastal Claims Consulting,LLC

Firm/Company

775 Orchid Court

Address

Marco Island, FL 34145-5721

City/State and Zip Code

coastalclms@gmail.com

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

For further information concerning this matter, please call:

Alice Sterling

Name of Person

{.,,}320\761-0322

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

13 FEB 25 PM 3= 38

SECRETARY OF STATE TALLAHASSPE, FLORIDA

Coastal Claims Consultants, 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 Liab	lity Company were filed on Nover	nber 26,2012 and assigned
Florida document number L12000147221	•	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
Coastal Claims Consulting,LLC		
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	#	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter l	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 = I	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			_
			Add
			Remove
			Add
			Remove
			Kemeve
			Add
			Remove
			-
			Add
			Remove
			_
			Add
			Remove

D., If amending any	other information	, enter change(s) he	re: (Attach additiona	sheets, if necessary.)
 				
			<u> </u>	
Pated February	<u>, 25</u>	, <u>2012</u>	.•	
	6	alice e	Sterling	
•	Signatu	re of a member or auth	orized representative of	a member
Alice	Sterling			
		Typed or print	ed name of signee	
		$\mathbf{p}_{\mathbf{g}\sigma}$	e3of3	

Filing Fee: \$25.00