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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number : I2000000168

Phone : (727) 322-0909

Fax Number : (727)322-0520

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DAVIDCIA OTRINORDAY, LA. CON

3 AUG 15 PM 4:03 ECRETARY OF STATE LLAHASSEE, FLORIBA

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H130001820637

COACTAL HOUSEDOLLO

No. 7584 P. 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it now ap A Florida Limited Liability Compa	pears on our records.)	
The Articles of Organization for this Limited I Florida document number <u>L13000010751</u>			
This amendment is submitted to ainend the fol	lowing:	•	
A. If amending name, enter the new name	of the limited liability company	here:	
The new name must be distinguishable and end w "L.L.C." Enter new principal offices address, if appli		ompany," the designation "LLC" or the abbreviation	
(Principal office address MUST BE A STRE	****		
Enter new mailing address, if applicable:		A AX	
(Mailing address MAY BE A POST OFFICE	<u> </u>	- U7 N	
B. If amending the registered agent and registered agent and/or the new registered		on our records, enter the name of the nev	
Name of New Registered Agent:	DAVID C HASTINGS CPA		
New Registered Office Address:	2207 54TH ST S		
		Enter Florida street address	
	GULFPORT	, Florida 33707	
	Clty	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

Page 1 of 3

14130001820633

- Aug: 15. 2013 3:28 PM

MGR = Manager

H130001820633

No. 7584 P. 3

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:

MGRM = Managing Member Title Name <u>Address</u> Type of Action FRED METZLER 1301 59TH ST S **MGRM GULFPORT, FL 33707** Remove 1301 59TH ST S DAXMAN, INC **MGRM GULFPORT, FL 33707** Remove Remove

Page 2 of 3

14130001830933

D. If amending any other informatio	n, enter change(s) here	e; (Attach additional sheet	s, if necessary.)
			
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		•	
Dated AUGUST 15	2013		
Ord off	Bu		
Signat	ure of a member or autho	rized representative of a men	nber
JUDITH BREWE	R		

Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

2013 AUG 15 AM 8: 52