

L13000041803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

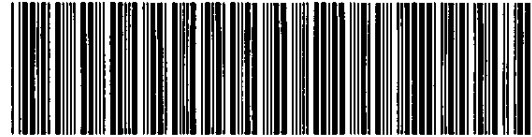
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUN 20 2014

A. LUNY

Office Use Only



500259533035

05/05/14--01007--009 **25.00

FILED
2014 JUN 19 PM 12:00
CLERK OF COURT
TALLAHASSEE, FLORIDA



WIAND GUERRA KING

WIAND GUERRA KING P.L.L.C. 5505 W. GRAY STREET TAMPA, FL 33609 PHONE 813-347-5100

DIONNE C. FAJARDO
DIRECT DIAL: 813-347-5118
FAX: 813-347-5198
DFAJARDO@WIANDLAW.COM

May 1, 2014

VIA US MAIL

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32301

Re: Coastal Family Office, LLC
Document Number L13000041803

Dear Sir or Madam:

Enclosed is an Amendment for the referenced limited liability company changing its official name to Mainsail Family Office, LLC. A check made payable to the Florida Department of State in the amount of \$25 for the filing fee is also enclosed. Please return all correspondence concerning this matter to the undersigned.

Please contact me if any further information concerning this matter is necessary.

Very truly yours,

A handwritten signature in black ink, appearing to read "Dionne C. Fajardo", written over a horizontal line.

Dionne C. Fajardo

DCF/dar
Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2014

DIONNE C. FAJARDO
5505 W. GRAY STREET
TAMAP, FL 33609

SUBJECT: COASTAL FAMILY OFFICE LLC
Ref. Number: L13000041803

We have received your document for COASTAL FAMILY OFFICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

Letter Number: 314A00010673

W|G|K

WIAND GUERRA KING

WIAND GUERRA KING P.L.L.C. 5505 W. GRAY STREET TAMPA FL 33609 PHONE 813 347 5100

DIONNE C. FAJARDO
DIRECT DIAL: 813.347.5118
FAX: 813.347.5198
DFAJARDO@WIANDLAW.COM

June 4, 2014

VIA U.S. Mail

Agnes Lunt
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

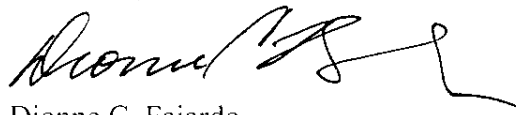
Re: *Coastal Family Office, LLC*
Document Number L13000041803

Dear Ms. Lunt:

In response to your correspondence dated May 16, 2014 regarding the referenced matter, please find the enclosed Articles of Amendment to the Articles of Organization for Coastal Family Office, LLC amending its name to Mainsail Family Office, LLC. Please return all correspondence concerning this matter to the undersigned.

For further information concerning this matter, please contact the undersigned at 813-347-5118.

Sincerely yours,



Dionne C. Fajardo

DCF/
Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Family Office, 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:

Dionne C Fajardo
Name of Person
Wiand Guerra King P.L.
Firm/Company
5505 W. Gray Street
Address
Tampa, FL 33609
City/State and Zip Code
dfajardo@wiandlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dionne Fajardo at (813) 347-5118
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2014 APR 19 PM 12:00
RECEIVED
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Coastal Family Office, 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 March 20, 2013 and assigned
Florida document number L13000041803.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mainsail Family Office, LLC

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, Florida 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 605, 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

2014 JUN 19 PM 12:00

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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MAY 19 2014
MAY 19 2014

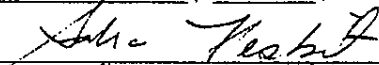
2014 MAY 19 PM 12:00

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 23, 2014



Signature of a member or authorized representative of a member

Sandra Nesbit

Typed or printed name of signer

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FLORIDA DEPARTMENT OF STATE
MAY 19 2014

2014 MAY 19 PM 12:00

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