

L13000059190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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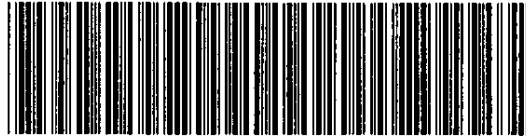
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ECOVISIONS 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:

MICHAEL J. MUNN

Name of Person

BILTRITE, LLC

Firm/Company

1662 STOCKTON STREET

Address

JACKSONVILLE, FLORIDA 32204

City/State and Zip Code

MICHAEL@BILTRITEQA.COM

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

For further information concerning this matter, please call:

MICHAEL J. MUNN

904 262-9855
at (_____) _____

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ECO VISIONS GROUP, 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 April 23, 2013 and assigned
Florida document number L13000059190.

This amendment is submitted to amend the following:

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

COASTAL DEVELOPMENT GROUP, LLC

The new name must be distinguishable and contain 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)

1662 STOCKTON STREET

SUITE 201

JACKSONVILLE, FLORIDA 32204

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1662 STOCKTON STREET

SUITE 201

JACKSONVILLE, FLORIDA 32204

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:

MICHAEL J. MUNN

New Registered Office Address:

1662 STOCKTON STREET, SUITE 201

Enter Florida street address

JACKSONVILLE

Florida 32204

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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	WHITE, WILLIAM H.	8254 HUNTERS GROVE	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HOOK R SLICE, LLC	4223 OAK FOREST DRIVE	<input type="checkbox"/> Add
		VALDOSTA, GA 31602	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SCHMIDT, RAYMOND	1662 STOCKTON STREET	<input checked="" type="checkbox"/> Add
		SUITE 201	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32204	<input type="checkbox"/> Change
AMBR	THE 1492 TRUST	1662 STOCKTON STREET	<input checked="" type="checkbox"/> Add
		SUITE 201	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32204	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

The Federal Employer Identification Number for the company is hereby changed to

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and some minor discoloration or shadows, suggesting it's a scan of a physical document. There is no handwriting or printed text on the page.

E. Effective date, if other than the date of filing: AUGUST 1, 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 17, 2015 _____, 2015



Signature of a member or authorized representative of a member

MICHAEL J. MUNN

Typed or printed name of signee

FILED
2015 JUL 20 P 1:56
U.S. DISTRICT COURT
NORTH DISTRICT OF FLORIDA
TALLAHASSEE, FLORIDA