

L13000059190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JAN 19 2017
S. YOUNG

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2017 JAN 19 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 9, 2017

MICHAEL MUNN
COASTAL DEVELOPMENT GROUP, LLC
1140 EDGEWOOD AVENUE S
JACKSONVILLE, FL 32205 US

SUBJECT: COASTAL DEVELOPMENT GROUP, LLC
Ref. Number: L13000059190

We have received your document for COASTAL DEVELOPMENT GROUP, LLC and your check(s) totaling \$43.75. 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.

Shelia H Young
Regulatory Specialist II

Letter Number: 817A00000471

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TALLAHASSEE, FLORIDA

- NAME CHANGE
- ADDRESS UPDATE
- MEMBER REMOVAL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL DEVELOPMENT 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 MUNN

Name of Person

BILTRITE LLC

Firm/Company

1140 EDGEWOOD AV S

Address

JACKSONVILLE FL 32205

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:

EMILY MUNN

Name of Person

at (904) 262-9855

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

COASTAL DEVELOPMENT 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 4.23.2013 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:

BILTRITE DESIGN/BUILD 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)

1140 EDGEMOOD AV S
JACKSONVILLE, FL 32205

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1140 EDGEMOOD AV S
JACKSONVILLE, FL 32205

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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 MUNN

New Registered Office Address:

1140 EDGEMOOD AV S

Enter Florida street address

JACKSONVILLE

City

, Florida

32205

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> |
|--------------|-------------|------------------------|--|
| MBR | JAY HALSEMA | 1662 STOLICOR ST | <input type="checkbox"/> Add |
| | | JACKSONVILLE, FL 32204 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | 1492 TRUST | 1662 STOLICOR ST | <input type="checkbox"/> Add |
| | | JACKSONVILLE, FL 32204 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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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.

Dated 1-15-2017, _____



Signature of a member or authorized representative of a member

Michael Munk

Typed or printed name of signee