

U3000081192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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14 MAR 26 AM 10:53
TALLAHASSEE, FLORIDA

J. Groves MAR 31 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Coastal Quality Home Solutions, 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:

Benjamin L. Hinds
Name of Person
Coastal Quality Home Solutions LLC.
Firm/Company
119 Trace View Way
Address
Port Saint Joe, FL 32456
City/State and Zip Code
bhinds@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin L. Hinds at (950) 348-5688
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

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

Coastal Quality Home Solutions 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 6-5-2013 and assigned Florida document number L13000081192.

This amendment is submitted to amend the following:

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

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)

119 Trace View Way
Port Saint Joe, FL
32456

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

_____, **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 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 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>
MGR	Hines, Ben	119 Trace View Way	<input type="checkbox"/> Add
		Port Saint Joe, FL	<input checked="" type="checkbox"/> Remove
		32456	
MGR	Benjamin L. Hinds	119 Trace View Way	<input checked="" type="checkbox"/> Add
		Port Saint Joe, FL	<input type="checkbox"/> Remove
		32456	
MGR	Jonathan Brown	424 Selma Street	<input checked="" type="checkbox"/> Add
		Port Saint Joe, FL	<input type="checkbox"/> Remove
		32456	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

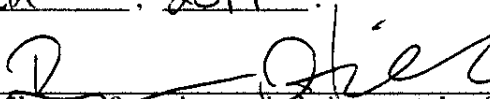
114 MGR 26
3/10/13
STATE
OF FLORIDA
DEPARTMENT OF
NATURAL RESOURCES

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 24th of March, 2014.



Signature of a member or authorized representative of a member

Benjamin L. Hinds

Typed or printed name of signee

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Filing Fee: \$25.00

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14 MAR 26 AM 10:53
TALLAHASSEE, FL 32304