

L13000105301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

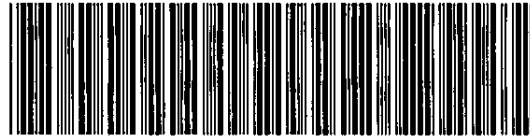
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **COASTAL LEGAL TEAM, 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:

Rhonda Henderson

Name of Person

Coastal Legal Team, LLC

Firm/Company

2194 HWY A1A STE 208

Address

Indian Harbour Bch/FL 32937

City/State and Zip Code

info@coastallegalteam.com

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

For further information concerning this matter, please call:

Rhonda Henderson

Name of Person

at (**321**) **775-3687**

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**

COASTAL LEGAL TEAM, 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 7/25/2013 and assigned
Florida document number L13000105301.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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: Rhonda Henderson

New Registered Office Address: 2194 HWY A1A STE 208

Enter Florida street address

Indain Harbour Bch, Florida 32937
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 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

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:

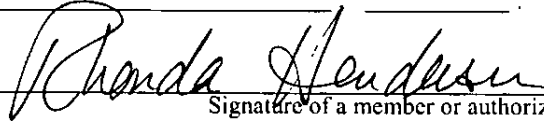
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Rhonda Henderson, PA	2194 HWY A1A STE 208 Indain Harbour Bch, FL 32937	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NUGENT LAW, PA	2194 HWY A1A STE 208 Indain Harbour Bch, FL 32937	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Melissa Peat, PA	2194 HWY A1A STE 208 Indain Harbour Bch, FL 32937	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rhonda Henderson	2194 HWY A1A STE 208 Indain Harbour Bch, FL 32937	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Melissa Peat	2194 HWY A1A STE 208 Indain Harbour Bch, FL 32937	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

Dated **November 20** **2013**



Signature of a member or authorized representative of a member

Rhonda Henderson

Typed or printed name of signee

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Filing Fee: \$25.00

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