L13000113435

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2013

DIANE KING 1901 ROUZBEH COURT PORT ORANGE, FL 32128

SUBJECT: COASTAL TURF MANAGEMENT, LLC

Ref. Number: L13000113435

We have received your document for COASTAL TURF MANAGEMENT, 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):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 913A00023723

COVER LETTER

TO: Registration Section Division of Corporations	·	
SUBJECT: Coastal Turk Name of Limite	Management and Liability Company	4 LLC
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing	
	_	
Please return all correspondence concerning this matter to	o the following:	
Diane	Kins Name of Person	
Coastal	Turf Manager	menticuc
19101 Rous		
Port Ora	City/State and Zip Code City/State and Zip Code Code	<u> </u>
Coastalto E-mail address: (to	be used for future arrival report notification)	mail
For further information concerning this matter, please ca	ıll;	
Diane King	at 386, 547 24	(80)
Name of Person	Area Code & Daytime Telepho	me Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\int \text{Solution 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)
Certificate of Status Peck was Peck was Peckerod by you, Paking Corrections Paperwork. MAILING ADDRESS: Registration Section	STREET/COURIER ADI	DRESS: JAS 2013
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ	DRESS: 2013 OCT 22 ALLABASSI
	Tallahassee, FL 32301	Y OF STATE (F. 17 CORD)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ________________________________and assigned Florida document number <u>L13000113435</u> 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) 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

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 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> **Address Type of Action** <u>Name</u> 32128 Remove Remove Remove

Remove

Ifamo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
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_	
ted	10-17-13
	Deane Here
	Signature of a member or authorized representative of a member
	Diane LKing
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2013 OCT 22 FM