

L13000172104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

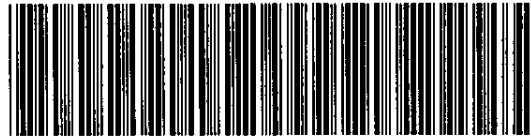
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500256431775

02/07/14--01007--004 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 FEB -7 PM 2:14

FILED

FEB 10 2014

D. BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Coastal Holdings I, 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:

**Carver Donaldson**

Name of Person

**Coastal Holding I, LLC**

Firm/Company

**3904 Corporex Park Dr Suite 125**

Address

**Tampa, FL 33619**

City/State and Zip Code

**Carver@4renttampa.com**

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

For further information concerning this matter, please call:

**Martha Diaz**

Name of Person

**813 3405644**

at ( )  
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2014 FEB - 7 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

Coastal Holdings I, 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 12/12/2013 and assigned  
Florida document number L13000172104.

This amendment is submitted to amend the following:

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

Coastal Holdings I, LLC

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)**

3904 Corporate Park Dr.

Suite 125

Tampa, FL 33619

**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:

Coastal Holdings I, LLC Carver Donaldson

New Registered Office Address:

3904 Corporate Park Dr, Tampa FL 33619

Enter Florida street address

Tampa, Florida 33619

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>
mgrm	Wesson Ventures, LLC	2899 Roehampton Close	<input type="checkbox"/> Add
		Tarpon Springs, FL 34688	<input checked="" type="checkbox"/> Remove
MGRM	TYL Holdings, LLC	PO BOX 1290	<input type="checkbox"/> Add
		Oldsmar, FL 34677	<input checked="" type="checkbox"/> Remove
MGRM	Portfolio Acquisitions Group, LLC	3904 Corporex Park Dr	<input type="checkbox"/> Add
		Suite 125	<input checked="" type="checkbox"/> Remove
		Tampa FL 33619	
MGRM	AC Coastal, LLC	3904 Corporex Park DR	<input type="checkbox"/> Add
		Suite 125	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33619	
MGR	TYL Holdings, LLC	po box 1290	<input checked="" type="checkbox"/> Add
		oldsmar, fl 34677	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2014 FEB-7 PM 2:10  
TAMPA  
FLORIDA

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

---

---

---

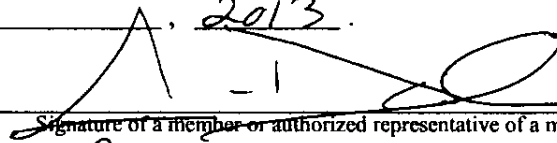
---

---

**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 12/12, 2013.



Signature of a member or authorized representative of a member

Carver Donaldson

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
2014 FEB -7 PM 2:14  
CLERK OF STATE  
TALLAHASSEE FLORIDA