

L140000001551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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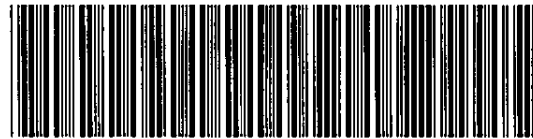
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE FLORIDA

JAN 31 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL INVESTMENTS OF NW FLORIDA, 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:

ERIC HOWELL
Name of Person
COASTAL INVESTMENTS OF NW FLORIDA, LLC
Firm/Company
3027 OSPREY CIR
Address
PANAMA CITY, FL 32405
City/State and Zip Code
erichowellcpa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC HOWELL at (850) 774-1957
Name of Person 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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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

COASTAL INVESTMENTS OF NW FLORIDA, 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 1/3/14 and assigned
Florida document number L14000001551.

This amendment is submitted to amend the following:

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

N/A

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)

3027 OSPREY CIR

PANAMA CITY, FL 32405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3027 OSPREY CIR

PANAMA CITY, FL 32405

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:

ERIC HOWELL

New Registered Office Address:

3027 OSPREY CIR

Enter Florida street address

PANAMA CITY

City

Florida

32405

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.

E. Howell

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	KATHERINE A DUBOSE	STE 140 4458 LEGENDARY DRIVE	<input type="checkbox"/> Add
		DESTIN, FL 32541	<input checked="" type="checkbox"/> Remove
MGR	ERIC HOWELL	3027 DSPREY CIR	<input checked="" type="checkbox"/> Add
		PANAMA CITY, FL 32405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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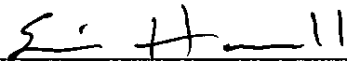
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FLORIDA STATE
LABORATORY
TALLAHASSEE, FLORIDA

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 1/27/14, _____.



Signature of a member or authorized representative of a member

ERIC HOWELL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA