14000014459

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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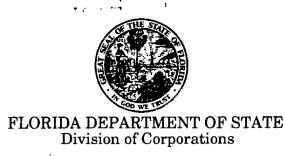
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Y CULKER



March 23, 2017

STEVE PERUSSE 28499 LAS PALMAS CIR BONITA SPRINGS, FL 34135

SUBJECT: COAST OF NAPLES REALTY, LLC

Ref. Number: L14000014459

We have received your document for COAST OF NAPLES REALTY, 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):

The registered agent must sign accepting the designation.

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.

Letter Number: 017A00005615

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Sec Division of Corp		•					
OT IN THE		NAPLES REALTY LLC		- ,				
SUBJECT: Name of Limited Liability Company								
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please r	return all correspon	ndence concerning this matter	to the following:					
		STEVE PERUSSE						
			Name of Person					
		COAST OF NAPLES REA	ALTY LLC					
		Firm/Company						
		28499 LAS PALMAS CIR						
		**************************************	Address					
		BONITA SPRINGS FL 34	135					
		**************************************	City/State and Zip Code	· · ·				
		MR57CADILLACMAN@A						
		E-mail address: (1	to be used for future annual report notific	ation)				
For furt	her information co	ncerning this matter, please ca	di:					
STEVE	PERUSSE		239 273-6069 at ()					
	Name of	Person	Area Code Daytime	Celephone Number				
Enclose	ed is a check for the	e following amount:						
\$25	i.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

COAST OF NAPLES REALITY			
(Same of the Lim	ited Liability Company as it now apport (A Florida Limited Liability Company	ers on our records.)	
The Articles of Organization for this Limited Florida document number 1.14000014459	Liability Company were filed on	01/28/14 and	assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company." the	designation "LLC" or the abbreviation	"L L C."
Enter new principal offices address, if appli	cable:	<u> </u>	
(Principal office address MUST BE A STRE	ET ADDRESS)		.h.
	Sellen Principles un de migraem		
Euter new mailing address, if applicable:		(1) E (1) E (2) E	0
(Mailing address MAY BE A POST OFFICE	E BOX)	5.	
	* jn = \$1744#Adis#\$6.444.444	三	Fib 190
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address office address here:	on our records, enter the nam	- -
Name of New Registered Agent:	CRAIG BLUME		
New Registered Office Address:	750 11th St. South		
New Registered Office Address:		lorida street uddross	
	Nuples	, Florida 34102	,
Nam Bantetauad Agusto Plumanus 15 days to	Cup	Zip Cot	1C

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	STEVE PERUSSE	28499 LAS PALMAS CIR	□ Add
		BONITA SPRINGS FL 34135	Remove
			☐ Change
MGR	KAREN PERUSSE	28499 LAS PALMAS CIR	■ Add
		BONITA SPRINGS FL 34135	□ Remove
			☐ Change
			□ Add
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00