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#### **COVER LETTER**

TO: Registration Section Division of Corporations

**IBJECT.** Coastal Life Real Estate, 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:

# Julie Torrence

Name of Person

Coastal Life Real Estate, LLC

Firm/Company

Po Box 2012

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

30ACoastalLife@gmail.com

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

For further information concerning this matter, please call:

Julie Torrence

ູ, 850 ຸ 8962876

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Life Real Estate, LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L14000048596	y Company were filed on March 24, 2014	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the	ibbreviati L.L.C."
Enter new principal offices address, if applicable:		7 T
(Principal office address MUST BE A STREET AD	DRESS)	ASSET TO THE PARTY OF THE PARTY
Enter new mailing address, if applicable:		FLORIDE PR
(Mailing address MAY BE A POST OFFICE BOX)		Tis
B. If amending the registered agent and/or re registered agent and/or the new registered office a		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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 Title <u>Name</u> <u>Address</u> **Type of Action** Julie Kristi Torrence **MGR** Po Box 2012 **■** Add Santa Rosa Beach, FL 32459 □ Add \_D Add ☐ Remove □ Add ☐ Remove

. If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
,	
Effective date, if other than the date of filing:	
(The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after of State)
Dated March 26,	2014
Que la companya de la companya della companya della companya de la companya della	transpro
Signature of a m	ember or authorized representative of a member
Julie Torrence ~	
1	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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DECRETARY OF STATE
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