

L140000069515

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14 JUL 11 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FL 32302

JUL 11 2014  
S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 13120 Coastal Cir. LLC  
Name of Limited Liability Company

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14 JUL 11 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron Mickelson  
Name of Person

Coastal Circle Investments, LLC  
Firm/Company

13120 Coastal Cir.  
Address

Palm Beach Gardens, FL 33410  
City/State and Zip Code

CoastalCircleInvestments@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Mickelson at (561) 743-7562  
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

13120 Coastal Cir, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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14, JUL 11 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/30/14 and assigned Florida document number L14000069515.

This amendment is submitted to amend the following:

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

Coastal Circle Investments, 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)

13120 Coastal Circle  
Palm Beach Gardens, FL 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13120 Coastal Circle  
Palm Beach Gardens, FL 33410

**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:

Aaron Mickelson

New Registered Office Address:

13120 Coastal Circle  
Enter Florida street address  
Palm Beach Gardens, Florida 33410  
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.

Aaron Mickelson  
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          | Aaron Mickelsen       | 13120 Coastal Cir<br>Palm Beach Gardens, FL 33410 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | Alan Bias             | 7745 Dawson Ct.<br>Lake Worth, FL 33467           | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| AP           | Deborah Dentrybaggett | 465 Orrick Ln.<br>Greenville, TN 37743            | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                       |   | <input type="checkbox"/> Add   |
|              |                       |   | <input type="checkbox"/> Remove  |
|              |                       |   | <input type="checkbox"/> Add   |
|              |                       |   | <input type="checkbox"/> Remove  |

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 PM 4:31

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: *[Signature]* (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 July 2<sup>nd</sup>, 2014.

*[Signature]*

Signature of a member or authorized representative of a member

Aaron Mickelson

Typed or printed name of signee

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