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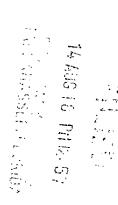
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Coastal Coordinating 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:
Katy Hurt 9 Name of Person
Coastal Coordinating LLC
100 Mission Woods Way
Saint Augustine, Fl 32084 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Katy Hurtig at (904) 403-0423 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status 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 Coordinating LLC	
(Name of the Limited Liability Company as it now applears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on June 24, 201 Florida document number 114 000100903.	니 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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, enteregistered agent and/or the new registered office address here:	er the name of the new
Name of New Registered Agent:	(T)
New Registered Office Address:	
Enter Florida street address	
, Florida	<u> </u>
City	Zip Code
New Degistered Agent's Signature if changing Degistered Agent.	· · ·

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Katy Hurtig	100 mission Woods Way	
		100 mission Woods Way Saint Augustine, Fr 32084	□ Remove
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effective date must be spe	han the date of filing: (optional) cific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after I by the Florida Department of State)
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Page 3 of 3

Filing Fee: \$25.00