

L14000122603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF SUPERIOR COURT
JANUARY 1, 2015

NOV 10 2014
J. ROSE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PREMIER COASTAL REALTY 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:

JONATHAN COCHRAN

Name of Person

PREMIER COASTAL REALTY

Firm/Company

100 S ASHLEY DR, SUITE 600

Address

TAMPA FLORIDA 33602

City/State and Zip Code

JC@HSPREMIER.COM

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

For further information concerning this matter, please call:

JONATHAN COCHRAN

Name of Person

469 658-6467

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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2014 NOV - 7 PM 4:20
TALLAHASSEE, FL

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

PREMIER COASTAL REALTY 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 08/05/2014 and assigned
Florida document number L14000122603.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

100 S ASHLEY DR

SUITE 600

TAMPA FLORIDA 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

100 S ASHLEY DR

SUITE 600

TAMPA FLORIDA 33602

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:

JONATHAN COCHRAN

New Registered Office Address:

100 S ASHLEY DR, SUITE 600

Enter Florida street address

TAMPA

City

Florida

33602

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.


Jonathan Cochran
If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF DISTRICT COURT
STATE OF FLORIDA
TAMPA

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	JONATHAN COCHRAN	100 S ASHLEY DR	<input checked="" type="checkbox"/> Add
		SUITE 600	<input type="checkbox"/> Remove
		TAMPA FLORIDA 33602	
MGR	JOSEPH MARTIN	100 S ASHLEY DR	<input checked="" type="checkbox"/> Add
		SUITE 600	<input type="checkbox"/> Remove
		TAMPA FLORIDA 33602	
MGR	JONATHAN COCHRAN	970 LAKE CARILLON DR	<input type="checkbox"/> Add
		SUITE 300	<input checked="" type="checkbox"/> Remove
		ST PETERSBURG FLORIDA 33716	
MGR	JOSEPH MARTIN	11522 MONETTE RD	<input type="checkbox"/> Add
		RIVERIE, FL 33569	<input checked="" type="checkbox"/> Remove
MGR	JOHN GERJART	2001 E LAMAR RD STE 200	<input type="checkbox"/> Add
		ARLINGTON TX 76006	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 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 3 NOVEMBER, 2014



Signature of a member or authorized representative of a member

JONATHAN COCHRAN

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA