

L14000126005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

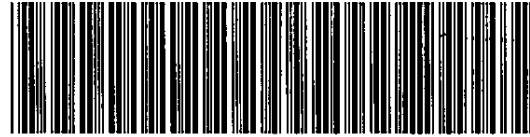
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT - 7 2014

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COASTAL VENTURE PROPERTIES 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:

**MARSHA FIELDS**

Name of Person

**DUVAL FIELDS CPA GROUP PA**

Firm/Company

**428 WALNUT STREET**

Address

**GREEN COVE SPRINGS, FL 32043**

City/State and Zip Code

**MARSHAFIELDS@DUVALFIELDS.COM**

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

For further information concerning this matter, please call:

**MARSHA FIELDS**

Name of Person

at **(904) 269-1069**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**COASTAL VENTURES PROPERTIES 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 AUGUST 12, 2014 and assigned  
Florida document number L14000126005.

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: 428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043  
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043  
(Mailing address MAY BE A POST OFFICE BOX)

**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: STEPHEN J DUVAL  
New Registered Office Address: 428 WALNUT STREET  
Enter Florida street address  
GREEN COVE SPRINGS, Florida 32043  
City

**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

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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	Kenneth A Powell, Trustee	4602 Mundy Drive	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32207	<input type="checkbox"/> Remove

MGR	Ferdinand Formoso, Trustee	4472 Glen Kiernan Parkway	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32224	<input type="checkbox"/> Remove

MGR	Alan Miller	96383 Bay View Drive	<input checked="" type="checkbox"/> Add
		Fernandina Beach, FL 32034	<input type="checkbox"/> Remove
		(only change title)	

AP	Alan Miller	96383 Bay View Drive	<input type="checkbox"/> Add
		Fernandin Beach, FL 32034	<input checked="" type="checkbox"/> Remove
		(only change title)	

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☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 9-29-14, \_\_\_\_\_



Signature of a member or authorized representative of a member

KENNETH A POWELL

Typed or printed name of signee

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