15000066214

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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K.SALY EXAMINER APR 15

COVER LETTER

Division of Cor	porations		
SUBJECT:	COASTAL PRO	PERTY SERVICES, LLC	
30bJEC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
		GERALD BONDS	
		Name of Person	
	COASTA	L PROPERTY SERVICES, LLC	
	·····	Firm/Company	
	454	LAKE ROSEMARY CT.	
		Address	
	DEFU	NIAK SPRINGS, FL 32433	
	·	City/State and Zip Code	
		eotheroffice.eb@gmail.com to be used for future annual report notif	iontion)
For further information c	oncerning this matter, please c	•	(Caton)
Gerald Bond	s	850 974-2631 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

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COASTAL PROPERTY SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 4-15-2015 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number __L15000066214 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RUSSELL CALDWELL	46 B.H. REDDICK RD.	■ Add
		PONCE de LEON, FL 32455	□ Remove
			☐ Change
		-	Add
		 	□ Remove
		 	Ange T
			Add Fremove
			Add PRES 17. 53
			□ Add
			□ Remove
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effect	e date, if other than the	ust be specific and	d cannot be prior	to date of filing	or more than 90 d	ays after filing) Pursuant to 605.0207
	the date inserted in this t's effective date on the			ible statutory	illing requireme	nts, this date	will not be listed as
eco	rd specifies a delay	ed effective o	date, but not	an effectiv	e time, at 1	2:01 a.m.	on the earlier o
ne 9	Oth day after the re	cord is filed.					
	APRIL 9		2016				
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Page 3 of 3

Filing Fee: \$25.00