

L15000107559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

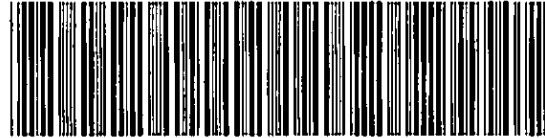
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2021 MAY 10 A 11:24

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL LIFESTYLES PROPERTY GROUP, 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:

LINDA STEWART
Name of Person

COASTAL LIFESTYLES PROPERTY GROUP LLC
Firm/Company

205 HAMMOCK TRAIL E, UNIT E 101
Address

FREEPORT, FLORIDA 32439
City/State and Zip Code

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

For further information concerning this matter, please call:

LINDA STEWART at (850) 830-8403
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

COASTAL LIFESTYLES PROPERTY GROUP 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 04-07-2021 and assigned Florida document number L 15000101559.

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 contain 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**)

205 HAMMOCK TRAIL EAST
UNIT E101
FREEPORT FLORIDA 32439

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

205 HAMMOCK TRAIL EAST
UNIT E101
FREEPORT FLORIDA 32439 (2)

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:

LINDA STEWART

New Registered Office Address:

205 HAMMOCK TRAIL EAST - UNIT E101
Enter Florida street address

FREEPORT, Florida 32439
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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Handwritten signature: *[Signature]*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 5, 2021.

Linda Stewart

Signature of a member or authorized representative of a member

LINDA STEWART

Typed or printed name of signer

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000107559

Entity Name: COASTAL LIFESTYLES PROPERTY GROUP LLC

Current Principal Place of Business:

7 ETTIE LEE LANE
FREEPORT, FL 32439

Current Mailing Address:

7 ETTIE LEE LANE
FREEPORT, FL 32439 US

FEI Number: 47-4413011

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEWART, LINDA
10201 SABAL PALM AVENUE
CORAL GABLES, FL 33156-3418 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEWART, LINDA

04/07/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name STEWART, LINDA
Address 7 ETTIE LEE LANE
City-State-Zip: FREEPORT FL 32439

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA STEWART

MGRM

04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date