

L15000162111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

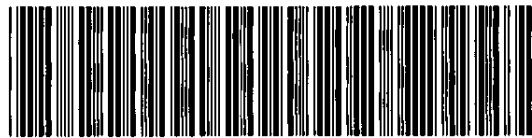
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300296095723

300296095723  
03/09/17--01004--004 \*\*150.00

FILED  
17 MAR -9 AM 2:17  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
17 MAR -9 AM 8:49

MAR 10 2017

Y SULKER

## Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY <i>Prime Income Properties - Elim, LLC</i>	
	FOR OFFICE USE ONLY

### PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

### FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☒ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

### RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

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

PRIME INCOME PROPERTIES - ELIM, 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 09/23/2015 and assigned  
Florida document number L15000162111.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

COASTAL INCOME PROPERTIES - CYPRESS COVE, LLC

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)

2840 West Bay Drive #174

Belleair Bluffs, FL 33770

**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

City

Florida

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>
MGR	Brian R. Keller	2840 West Bay Drive, # 174	<input type="checkbox"/> Add
		Belleair Bluffs, FL 33770	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John S. Keller II	2840 West Bay Drive, # 174	<input type="checkbox"/> Add
		Belleair Bluffs, FL 33770	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	K-4 Investments, LLC	2840 West Bay Drive, Ste. 174	<input checked="" type="checkbox"/> Add
		Belleair Bluffs, FL 33770	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael B. Osadchey	38573 U.S. HWY 19 N.	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34684	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	N. Michael Kouskoutis	623 East Tarpon Ave.	<input checked="" type="checkbox"/> Add
		Tarpon Springs, FL 34689	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 MAR - 9 AM 3:17  
RECEIVED  
OFFICE

RECEIVED

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

See complete Articles of Amendment to Articles of Organization, attached hereto.

17 MAR - 9 AM 3:17  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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

March 1, 2017.



Signature of a member or authorized representative of a member

Brian R. Keller, Manager/Authorized Representative

Typed or printed name of signee