Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000303400 3)))



H170003034003ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ADVANCED INCORPORATING SERVICE, INC-

Account Number : 120080000093 Phone : (850)222-2677

Fax Number : (850)575-2724

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:______

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN—COASTAL INCOME PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

17 NOV 16 AN 8-53

WIRGEN TO THE PARTY OF THE PART

H170003034003

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Income Properties, LLC			
(Name of the Limite	d Liability Company as it now app. A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Li Florida document number L15000180312	ability Company were filed on	October 23, 2015 and assigned	əd
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company	here:	
CIP Management Services, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liability Company," th	ne designation "LLC" or the abbreviation "LLC"	.**
Enter new principal offices address, if applic			T
		<u> </u>	<u>. </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>	17 0 AND 18	8 5 5 ·
B. If amending the registered agent and registered agent and/or the new registered of	Mice address here:	on our records, enter the name of	the new
Name of New Registered Agent:	Clifford J. Hum, Esquire		
New Registered Office Address:	8200 Seminole Boulevard		
	Enter Florida street address		
	Seminole	, Florida <u>33772</u>	
	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 good: Signature of New Registered Agen

Page 1 of 3

H17000303400 3 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>	Name	Address	Type of Action
MGR	N. Michael Kouskoutis	623 E. Turpon Ave.	Add
		Tarpon Springs, FL 34689	≡ Remove
			☐ Chunge
MGR Auron C. Ray	Auron C. Ray	7602 Salumander Dr.	Add
		New Port Richey, FL 34655	CI Remove
			☐ Change
		□ Add	
		Remove	
			Спалее
			D Add
			□ Remove
			Change
			CI Remove
			Lii Change
			□ Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional sheets	H17000303400 3 s. if necessary.)
	
	
	The state of the s
	<u> </u>
	<u> </u>
	
··· :	(optional)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to due of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	days after filing.) Pursuant to 605,0207 (3)(t
f the record specifies a delayed effective date, but not an effective time, at b). The 90th day after the record is filed.	12:01 a.m. on the earlier of:
Dated November 16 2017	
in D. J. P. Pandefus	
Signature of a member or multiplezed representative of a member	Der
Michael 8. Osndehey, Manager	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00