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(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. HARRIS
JUL 22 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Affairs, 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:

Scott Littlefield & Natalie Littlefield

Name of Person

Coastal Affairs, LLC dba Coastal Firearms

Firm/Company

55 East Granada Blvd #2757

Address

Ormond Beach FL 32175

City/State and Zip Code

coastalaffairsllc@gmail.com

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

For further information concerning this matter, please call:

Scott Littlefield

386

872-5498

at (_____) _____

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2016

SCOTT LITTLEFIELD
55 EAST GRANADA BLVD #2757
ORMOND BEACH, FL 32175

SUBJECT: COASTAL AFFAIRS LLC
Ref. Number: L15000207914

2016 JUL 20 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for COASTAL AFFAIRS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 816A00013839

Sent on 7/16/16

FILED
16 JUL 20 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Coastal Affairs, 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 12/15/2015 and assigned
Florida document number L15000207914.

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)

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:

Natalie / A Boutique Hair Spa LLC
1112 Riverside Dr
Enter Florida street address
Holly Hill, Florida 32117
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.

Natalie Littlefield
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>
AMBR	Jonathan Minger	342 Van gogh Circle	<input type="checkbox"/> Add
		Ponte Vedra, Florida, 32081	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Coastal Affairs, LLC has taken a Vote to Oust Jonathan Minger. 2 to 1 vote. Majority vote rules per operating agreement.

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 June 27th, 2016

Scott Littlefield Natalie Littlefield
Signature of a member or authorized representative of a member

Scott Littlefield and Natalie Littlefield

Typed or printed name of signee

FILED
16 JUL 20 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA