

415000207914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

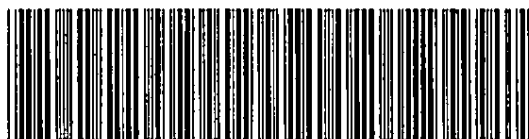
(Business Entity Name)

(Document Number)

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2018 MAY 16 PM 5:06  
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TALLAHASSEE, FLORIDA

B FIGUEROA

MAY 17 2018

Pg 3



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 11, 2018

SCOTT LITTLEFIELD  
1287 N US HWY 1 #1  
ORMOND BEACH, FL 32174

SUBJECT: COASTAL AFFAIRS LLC  
Ref. Number: L15000207914

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):

Page 3 of the form is missing. Please complete the enclosed page and resubmit.

Please return the corrected original and one copy of 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.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 218A00007368

RECEIVED  
2018 MAY 16 AM 10:16  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## 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  
Name of Person

Coastal AFFairs LLC  
Firm/Company

1287 N. US HWY 1 #1  
Address

Ormond Beach FL 32174  
City/State and Zip Code

info@coastalfirearmsfl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Littlefield at (386) 256-9181  
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

**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 12/15/15 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:

*Enter Florida street address*

Florida

*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>
AMBR	Edward Francis Kaspshuk	86 Habersham Dr	<input type="checkbox"/> Add
		Flagler Beach, FL 32136	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Scott Littlefield	1207 N US HWY 1 #1	<input type="checkbox"/> Add
		Ormond Beach, FL 32174	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Natalie Littlefield	1207 N US HWY 1 #1	<input type="checkbox"/> Add
		Ormond Beach FL 32174	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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**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 4/18/18, \_\_\_\_\_

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

\_\_\_\_\_  
Typed or printed name of signee