## 1160000000841

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## **COVER LETTER**

TO: Registration : Division of Co			
	tal Investments, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment:and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jennifer-Gruber		
	***************************************	Name of Person	<del></del>
	Lee Coastal Investments, I	inc.	
		Firm/Сопрапу	
	5336-SW-11th Pl		
		Address	
	Cape Coral, FL 33914		
		City/State and Zip Code	
	jbgruberfl@gmail.com		· · · · · · · · · · · · · · · · · · ·
		to be used for future annual report notifi	(cation)
For further information	concerning this matter, please c	all:	
Jennifer Gruber		239 910-5874 at-()	
Name	e 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

Lee Coastal Investments, LLC		
(Name of the Limited Liability Compan (A.Florida Limited L	iy as it now appears on our records.) lability Company)	<del></del>
he Articles of Organization for this Limited Liability Company	were filed on 1/1/16	and assigned
lorida document number L16000000841		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbrevia	
Enter new principal offices address, if applicable:	<u> </u>	on on
Principal office address MUST BE A STREET ADDRESS)	H. F	77
	ण हर भू जब	29
	34	2 11
Enter new mailing address, if applicable:	三	ب ا
Mailing address MAY BE A POST OFFICE BOX)	で 	<u></u>
3. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here		name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	p Code
	Cuv Zi	u couc

## 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>	Name	Address	Type of Action
AMBR	Alan D. Gruber	5336.SW 11th Pl	□ Add
		Cape Goral, FL 33914	Remove
			□ Change
			Add
			□ Remove
		·	
			Add.
			□ Remove
			☐ Change
·			□ Add
		····	☐ Remove
			☐ Change
			☐ Add ··································
			20 P
			35 <b>S</b>
			Add
			☐ Remove
			☐ Change

, · Pl	ease add "doing business as" name (d	ba) of Lee Island Coast Rentals. The LLC na	ame of Lee Coastal
In	vestments remains unchanged.		
<u></u> -			
<del></del> -			
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	······································		
	· <del></del>		
<del></del>			
lf an effec	e date, if other than the date of fi	Please use date of filing.  and cannot be prior to date of filing or more than 9 ot meet the applicable statutory filing require	(optional) 0 days after filing.) Pursuant to 605
	t's effective date on the Department		ments, this trace will not be use
ne reco	rd specifies a delayed effectiv	e date, but not an effective time, at	12:01 a.m. on the earlie
	Oth day after the record is file		
Dated			
	Signature of	of a member or authorized representative of a mem	iber.
	Jennifer Gruber		
		Typed or printed name of signee	26 P 27 N
		Page 3 of 3 Filing Fee: \$25.00	F3.0