

L16000002502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

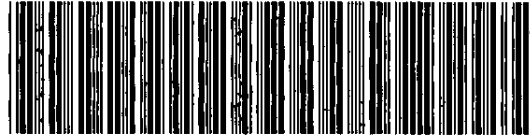
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/04/16--01016--013 **25.00

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2016 MAY -4 A 10:22
CLERK OF STATE
TAMMASEE FLORIDA

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MAY 05 2016

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL GRANT SERVICES 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:

MARK HENNESSEY

Name of Person

COASTAL GRANT SERVICES

Firm/Company

401 E. LAS OLAS BLVD., SUITE 130-524

Address

FT. LAUDERDALE, FL 33301

City/State and Zip Code

INFO@COASTALGRANTS.NET

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

For further information concerning this matter, please call:

MARK HENNESSEY

888 541-5551
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION, FILING CANCELLED
OF
RETURNED CHECK**

COASTAL GRANT SERVICES 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 01-04-16 and assigned
Florida document number L16000002502.

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)

401 E. LAS OLAS BLVD.

SUITE 130-524

FT. LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 E. LAS OLAS BLVD.

SUITE 130-524

FT. LAUDERDALE, FL 33301

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:

KRISTEN HENNESSEY

New Registered Office Address:

401 E. LAS OLAS BLVD., SUITE 130-524

Enter Florida street address

FT. LAUDERDALE

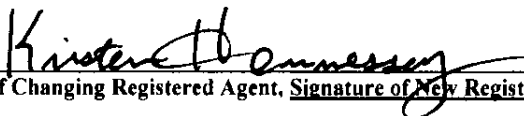
, Florida 33301

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KRISTEN HENNESSEY	401 E. LAS OLAS BLVD.	<input type="checkbox"/> Add
		SUITE 130-524	<input type="checkbox"/> Remove
		FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Change
MGR	MARK HENNESSEY	401 E. LAS OLAS BLVD.	<input type="checkbox"/> Add
		SUITE 130-524	<input type="checkbox"/> Remove
		FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Change
MGR	THERESA CONTE	401 E. LAS OLAS BLVD.	<input type="checkbox"/> Add
		SUITE 130-524	<input type="checkbox"/> Remove
		FT. LAUDERDALE, FL 33301	<input checked="" 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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 APRIL 28, 2016



Signature of a member or authorized representative of a member

KRISTEN HENNESSEY

Typed or printed name of signee

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CLERK OF STATE
TAMMIE J. FLORES
FLORIDA