

L16 000 208542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

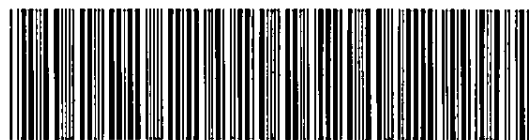
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600303150756

09/13/17--01011--018 **25.00

DIVISION OF CORPORATE AFFAIRS

17 SEP 13 PM 1:26

FILED

O SIMMONS
SEP 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S&K GOLD COAST REAL ESTATE HOLDINGS, 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:

LANCE COHEN

Name of Person

COHEN & THURSTON, PA

Firm/Company

1912 HAMILTON STREET, SUITE 206

Address

JACKSONVILLE, FLORIDA 32210

City/State and Zip Code

COHENTHURSTON@CS.COM

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

For further information concerning this matter, please call:

LANCE COHEN

904 388-6500
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
OF**

S&K GOLD COAST REAL ESTATE HOLDINGS, 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 NOVEMBER 14, 2016 and assigned
Florida document number L16000208542.

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)

2639 KNOLL STREET EAST

PALM HARBOR, FLORIDA 34685

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

City, Florida 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>
MGR	SHARON HOWARD	313 MORNINGSIDE DR	<input type="checkbox"/> Add
		PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Remove
		Deceased / April 15, 2017	<input type="checkbox"/> Change
MGR	CLIFFORD KOSCHNICK	2639 KNOLL STREET EAST	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL 34685	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
17 SEP 18 PM 3:27
DIVISION OF REVENUE

17 SEP 13 PM 1
DIVISION OF CORRECTIONS

FILED
17 SEP 13 PM 1:27
DIVISION OF COURT REPORTERS

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.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 6

2017

Signature of a member of authority

Signature of a member or authorized representative of a member

CLIFFORD KOSCHNICK

Typed or printed name of signee