

U6000217708

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(Address)

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(Business Entity Name)

(Document Number)

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S. YOUNG

16 DEC 30 PM 4: 17
TALLAHASSEE FLORIDA
SECRETARY OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AIA Coastal Ventures, 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:

Jack Coker III, Esq.

Name of Person

Eavenson, Fraser, Lunsford & Ivan

Firm/Company

4230 Pablo Professional Court, Suite 250

Address

Jacksonville, Florida 32224

City/State and Zip Code

trey@efli.law

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

For further information concerning this matter, please call:

Jack Coker III, Esq.

904

567-1088

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC 30 PM 4:17

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

A1A Coastal Ventures, 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 11/30/2016 and assigned
Florida document number L16000217708.

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>
MGR	Sue Ann Ogden	822 A1A North, Suite 103	<input type="checkbox"/> Add
		Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lori L. Neighbors	100 State Road 13, Suite D	<input checked="" type="checkbox"/> Add
		St. Johns, FL 32259	<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

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STATE SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

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

FEI/EIN Number: 81-4434483

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JAN 17 1964

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 December 28, 2016


Signature of a member on

Mark Odekirk, Member

Typed or printed name of signee

2000 PGA BLVD., SUITE 3200A
PALM BEACH GARDENS, FLORIDA 33408
T 561.626.1011
F 561.626.1042



4230 PABLO PROFESSIONAL COURT, SUITE 250
JACKSONVILLE, FLORIDA 32224
T 904.567.1160
F 904.567.1065

December 29, 2016

Via Federal Express

Florida Secretary of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**Re: Articles of Amendment – A1A Coastal Ventures, LLC
Document No.: L16000217708**

Dear Sir or Madam:

Enclosed, please find for filing the Articles of Amendment for A1A Coastal Ventures, LLC, and a check in the amount of \$25 for the filing fee.

Should you need anything further, or should you have any questions and/or comments, please do not hesitate to contact me at (904) 425-9975, or by email at sarah@efli.law.

Best regards,

Sarah Hoffman
Paralegal

Enclosures

CC: Thomas J. Fraser, Jr. (via e-mail)
Jack B. Coker III (via e-mail)
Mark Odekirk (via e-mail)

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TALLAHASSEE, FLORIDA
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