

03/2017 1207

DIVISION OF CORPORATIONS

FAX

P.001/005

L17000071184

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.
Account Number : I20170000034
Phone : (239) 689-1096
Fax Number : (239) 791-8132

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COASTAL GROVE DEVELOPMENT, LLC**

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05/03/2017 12:08

(FAX)

P.002/005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL GROVE DEVELOPMENT, 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:

RITA JACKMAN

Name of Person

Firm/Company

4575 VIA ROYALE STE 200

Address

FORT MYERS, FL 33919

City/State and Zip Code

LEGAL@YOUR-ADVOCATES.ORG

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

For further information concerning this matter, please call:

RITA JACKMAN

at (239)

689-1096

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 GROVE DEVELOPMENT, 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 03/30/2017 and assigned Florida document number L17000071184.

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 "LLC."

Enter new principal offices address, if applicable:

3501 N OCEAN DRIVE UNIT 4F

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD, FL 33019

Enter new mailing address, if applicable:

3501 N. OCEAN DRIVE UNIT 4F

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD, FL 33019

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:

RITA JACKMAN

New Registered Office Address:

4575 VIA ROYALE STE 200

Enter Florida street address

FORT MYERS

Florida 33919

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>
_____	_____	_____	<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
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_____	_____	_____	<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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 11:11 AM
 05/03/2017
 FLORIDA

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

SECRET

17 MAY -3 PM 4055

E. Effective date, if other than the date of filing: _____ (optional)

Note: If this date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Notes: 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 05-02-17

Signature of a member or authorizer

Signature of a member or authorized representative of a member

Erat Arad
typed or printed name of signer

Typed or printed name of signatory