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Registration Section **Division of Corporations**

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HOIL	Coastal	Proper	ues,	LL.	人

ECT:			
	Name of Lin	nited Liability Company	
closed Articles of A	mendment and fee(s) are sub	omitted for filing.	
return all correspon	dence concerning this matter	to the following:	
	Gary L. Holt		
		Name of Person	
	Holt Coastal Properties, I	LLC	
		Firm/Company	
	2172 W. Nine Mile Road		
		Address	
	Pensacola, FL. 32534		
		City/State and Zip Code	
	GLH4459@AOL.com		
	E-mail address: (to be used for future annual report no	otification)
ther information co	ncerning this matter, please c	all:	
L. Holt		850 6074539	
		at ()	
Name of I	Person	Area Code Dayt	me Telephone Number
ed is a check for the	following amount:		
5.00 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)
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Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION **OF**

Holt Coastal Properties, LLC

Holt Coastal Properties, LLC	2016.0	23.00
(Name of the Limited Liability (A Florida L	Company as it now appears on our recimited Liability Company)	ords.) Pri IU: 4U
Articles of Organization for this Limited Liability Cor	nnany were filed on	and assigned
	inputity were most on	
la document numberL17000244293		
the state of the state of the state of		
amendment is submitted to amend the following:		
amending name, enter the new name of the limite	d liability company here:	
amending name, carer ent new name of the same		
w name must be distinguishable and contain the words "Limite	d Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
r new principal offices address, if applicable:		
• •		
<u>cipal office address MUST BE A STREET ADDRE</u>	<u> </u>	
r new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
ling address MAY BE A POST OFFICE BOX)		
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amending the registered agent and/or registered of and/or the new registered office address here:	ince address on our records, em	ter the name of the new register
and of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	6 . 6	
	Enter Florida street ada	iress
		Florida
	City	Zip Code
Registered Agent's Signature, if changing Registered A	gent.	
The state of the s		
by accept the appointment as registered agent and	d agree to act in this capacity. I	further agree to comply with t
sions of all statutes relative to the proper and com	plete performance of my duties,	and I am familiar with and
t the obligations of my position as registered ager	nt as provided for in Chapter 60.	5. F.S. Or. if this document is
filed to merely reflect a change in the registered of	office address. I bereby confirm	that the limited lightlity
any has been notified in writing of this change.	y, ce dad ess, I hereby confirm	ine immed ilduinty
any nao ocen norgica in writing of this change.		
Ī	f Changing Registered Agent, Signatur	e of New Registered Agent

emoved from our records:

R = Manager

BR = Authorized Member

Name	Address	Type of Action
Gary L. Holt	2172 W. Nine Mile Road Pensacola, FL. 32534	≅ Add
		□Remove
		□Change
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ending any other informatio	n, enter change(s) here: (Atta	ch additional si	heets, if necess	sary.)	
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If the date inserted in this block	does not meet the	applicable stat	ming or more that utory filing requ	irements, this d	ate will not be list	ed as t
nent's effective date on the Depa	rtment of State's re	cords.				
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December 15	2019)				
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