

L17000244 293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

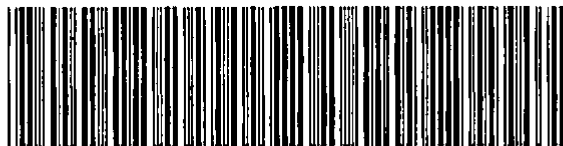
(Business Entity Name)

(Document Number)

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12/20/19--01012--014 **25.00

2019 DEC 20 PM 10:40

R. WHITE
JAN 23 2020

Holt Coastal Properties, LLC

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Gary L. Holt

Name of Person

Holt Coastal Properties, 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 notification)

| | | |
|---------|-----|---------|
| L. Holt | 850 | 6074539 |
|---------|-----|---------|

Name of Person _____ at (_____) _____
Area Code Daytime Telephone Number

ed 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 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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2016 SEP 20 PM 10:40

Articles of Organization for this Limited Liability Company were filed on 11/29/2017 and assigned
Florida document number L17000244293.

If an amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

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)

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

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 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

R = Manager
BR = Authorized Member

BR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.

December 15 2019

2019

Gary L. Holt

Typed or printed name of signee