

LI800000 20520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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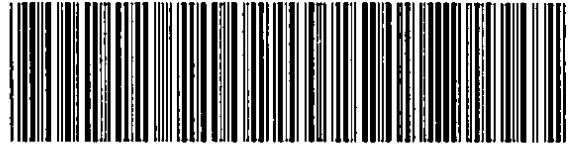
(Business Entity Name)

(Document Number)

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2021 NOV 17 AM 7:09

SECRETARY OF STATE  
TALLAHASSEE, FL

J. SIMMONS

DEC 07 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COASTAL COTTONWOOD, 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:

Mary A. Fischer

Name of Person

Law Office of Ronald S. Webster

Firm/Company

800 N. Collier Blvd., #203

Address

Marco Island, FL 34145

City/State and Zip Code

mary@ronwebster.com

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

For further information concerning this matter, please call:

Mary A. Fischer

239

394-8999

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 Address:

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2021 NOV 17 AM 7:09

COASTAL COTTONWOOD, LLC

SECRETARY OF STATE

(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 January 23, 2018 and assigned  
Florida document number L18000020520.

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	DOUGLAS H. DOMMERT	7166 West B Avenue	<input type="checkbox"/> Add
		Kalamazoo, MI 49009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TAMI R. DOMMERT	7166 West B. Avenue	<input type="checkbox"/> Add
		Kalamazoo, MI 49009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DOUGLAS H. DOMMERT	7166 West B Avenue	<input type="checkbox"/> Add
		Kalamazoo, MI 49009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TAMI R. DOMMERT	7166 West B. Avenue	<input type="checkbox"/> Add
		Kalamazoo, MI 49009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

