# L180000165898

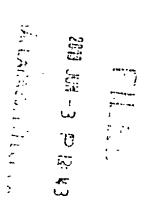
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

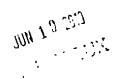
Office Use Only



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06/03/19--01015--029 \*\*55.00





## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher S Caven
Couste / Proposity Preservature LCC.
13757 4914 St W UNIT AS Adoress
Clear whater FL 33762 City/State and Zip Code
E-mail address. (tobe used ipr future annual report notification)
For further information concerning this matter, please call:
Christopher S Craven at (727) 317-9224- Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

A. . . ---

Coasta Property	invas It now appears on our records.
·	Liability Company)  Liability Company)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 3:13-2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	A/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the nere:
Name of New Registered Agent:  New Registered Office Address:	Enter Filorida street address , Florida  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address /	Type of Action
		_N/A	Add
	·		□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
	· 		Add
			☐ Remove
			Change
			□ Add
			Remove
			Change ·
			Add
		Remove	
			Change
			Add
			□ Remove
			Change

_	The Current Nume has a miss spelling. Currently is Coastal Property Preservation, We are missing the
	letter I in Preservation.
	We would like to have this corrected with the
_	(I) adked to Read in full
	(1) added to Read in tell (Coastal Property Preservation)
_	
_	
E. Effectiv	ve date, if other than the date of filing: <u>(in 15+ 20/9</u> (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing br more than 90 days after filing.) Pursuant to 605.020
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
202	· · · · · · · · · · · · · · · · · · ·
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
o) ine	90th day after the record is filed.
Dated _	5.29-
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00