## 118000092899

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2019 NAY -7 P 5 20



May 1, 2019

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Via FedEx

Re:

Coastal Condominiums of Central Florida, LLC (Doc # L18000120771)

Coastal Construction of Tampa, LLC (Doc #L18000092899)

Dear Sir or Madam:

In connection with the above referenced entities, we request that the following corrections be made:

- 1. That the name of the Manager of Coastal Condominiums of Central Florida, LLC be corrected to reflect his name as **Robert Sean DeMartino** instead of Sean DeMartino.
- 2. That the name of the Manager of Coastal Construction of Tampa, LLC be corrected to reflect his name as **Robert Sean DeMartino** instead of Sean DeMartino.

Should you have any questions, please contact the undersigned. Thanking you in advance for your prompt attention to this request.

Very truly yours,

James E. Moye, Jr. General Counsel

JEM/ci

## **COVER LETTER**

	Registration Sec Division of Corp			
CUD IE		CONSTRUCTION OF TAME	PA, LLC	
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspon	dence concerning this matter	to the following:	
		JAMES E. MOYE, JR., GI	ENERAL COUNSEL	
			Name of Person	
		COASTAL CONSTRUCT	TION	
			Firm/Company	
		5959 BLUE LAGOON DR	RIVE, #200	
			Address	
		MIAMI, FLORIDA 33126		
			City/State and Zip Code	
		JMOYE@COASTALCON E-mail address: (	STRUCTION.COM to be used for future annual report notific	cation)
For furthe	r information co	ncerning this matter, please co	all:	
JAMES E	. MOYE, JR.		305 559-4900 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed:	is a check for the	following amount:		
\$25.00	0 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:** 

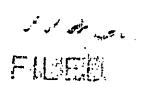
TO:

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



	ISTRUCTION OF TAMPA, LLC	2013 MAY -7 P 5: 20
(Name of the Limited Liabilit	y Company as it now appears on our Limited Liability Company)	( i ecol us.)
(A Flonda	Limited Liability Company)	A Track The September 1
The Articles of Organization for this Limited Liability Co	ompany were filed on 4/16/2018	TALEATIAN and assigned
Florida document number 118000092899	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	address
		, Florida
<del></del>	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>	Address	Type of Action
MGR	Robert Sean DeMartino	5959 Blue Lagoon Drive, #220	
		Miami, Florida 33126	☐ Remove
			☐ Change
			□ Remove
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
		<del></del> -	Remove
			☐ Change
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effective date is listed, the date m	ust be specific and cannot		or more than 90 days at	
If the date inserted in this t ment's effective date on the l			filing requirements, i	this date will not be listed
	•			
ecord specifies a delaye	ed effective date, h	out not/an effecti	ve time, at 12:0:	L a.m. on the earlier
e 90th day after the re	cord is filed.	/		
May 1	2019	. / /		
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	Signature of a member	or authorized represent	ative of a member	· · ·

Page 3 of 3

Filing Fee: \$25.00