## 118000120771

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JUL 27 2019 S. YOUNG 19 JUL 22 FN 2: 14

## **COVER LETTER**

TO:	Registratio Division of	n Section Corporations					
eum ie		FAL CONDOMINIUMS OF CEN	TRAL FLORIDA. LLC				
SUBJE	CI:	·' .					
The enc	losed Article	s of Amendment and fee(s) are sub	omitted for filing.				
Please r	eturn all corr	espondence concerning this matter	to the following:				
		JAMES E. MOYE, JR.					
		Name of Person					
		COASTAL CONDOMINIUMS OF CENTRAL FLORIDA, LLC					
			Firm/Company				
		5959 BLUE LAGOON DRIVE, #200					
		Address					
		MIAMI, FLORIDA 33126					
		City/State and Zip Code  JMOYE@COASTALCONSTRUCTION.COM  E-mail address: (to be used for future annual report notification)					
For furtl	her informati	on concerning this matter, please o	•				
JAMES	S E. MOYE, J	JR.	305 559-4900 at ()				
	Nai	me of Person	Area Code Daytime	Telephone Number			
Enclose	d is a check f	or the following amount:					
\$25.	.00 Filing Fe	e S30.00 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL CONDOMINIUMS OF CENTRAL FLORIDA, LLC

( <u>Name of the Limited Liability</u> (A Florida	y <u>Company as it now appears on our records.</u> ) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 118000120771	ompany were filed on MAY 15, 2018	_ and assigned
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 "Limit	ted Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	<u> </u>
		<u> </u>
	2	
Enter new mailing address, if applicable:	÷.	N m
(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		e name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
<u> </u>	Enter Florida street address	<del></del>
	Florida	
		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag- being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, and I am fament as provided for in Chapter 605, F.S. Or, if t	niliar with and This document is
	If Changing Registered Agent, Signature of New Regist	ered 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>	Type of Action
MGR	DANIEL E. WHITEMAN	5959 BLUE LAGOON DR., #200 MIAMI, FLORIDA 33126	■ Add
			☐ Remove
			□ Change
MGR	ROBERT SEAN DEMARTINO	5959 BLUE LAGOON DR. #200 MIAMI, FLORIDA 33126	□ Add
			■ Remove
			☐ Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change

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(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 16 3019
	Signature of a member or authorized representative of a member
	JAMES E. MOYE, JR., SECRETARY AND GENERAL COUNSEL  Typed or printed name of signee

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Filing Fee: \$25.00