

118000216803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

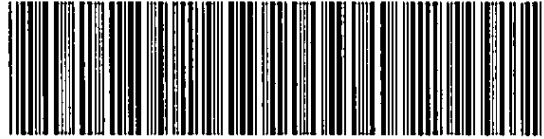
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
JULIA A. HARRIS

G SIMMONS
SEP 22 2018

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Coastline Band 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:

Elizabeth Green

Name of Person

Firm/Company

3003 Garriott Lane

Address

Sarasota, FL 34232

City/State and Zip Code

eliza.coastline941@gmail.com

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

For further information concerning this matter, please call:

Elizabeth Green

941

5393936

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

yes

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ *See* \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

26

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

Coastline Band LLC

(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 09/12/2018 and assigned
Florida document number L18000216803.

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>
AMBR	CHRISTOPHER DAVIS	3003 GARRIOTT LANE	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34232	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WAYNE THURSBY	5168 CAMUS WAY	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34232	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EDWARD MCCLOUD	8660 SAN PABLO AVE	<input checked="" type="checkbox"/> Add
		NORTH PORT, FL 34287	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KEITH JOHNSON	1850 MARBETH ST	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34231	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NANCY THURSBY	5168 CAMUS WAY	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34232	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NANCY THURSBY <i>Eg</i>		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE LLC FROM A MANAGER MANAGED LLC TO A MEMBER MANAGED LLC. ELIZABETH

GREEN WILL STAY ON AS A MANAGER. NANCY THURSBY WILL BE ADDED AND ALL 4

MEMBERS CHRISTOPHER, WAYNE, EDWARD AND KEITH WILL BE ADDED.

FILED
18 SEP 18 AM 7:44

09/14/2018

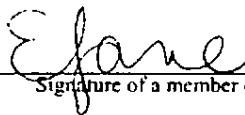
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated SEPTEMBER 14 , 2018



Signature of a member or authorized representative of a member

ELIZABETH GREEN

Typed or printed name of signee