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TO:			٠ .			
		. CROSSINGS, LLC				
SUBJEC	Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Thomas B. Hart, Esquire				
			Name of Person			
The enclosed Articles of Ameni Please return all correspondence The Second Sec	Knott Ebelini Hart					
			Firm/Company			
		1625 Hendry Street, Suite	301			
			Address			
		Fort Myers, Florida 33901				
			City/State and Zip Code			
		THart@knott-law.com E-mail address: (to be used for future annual report notification)				
				(cation)		
For furt	ner information o	concerning this matter, please c	all:			
Thomas	B. Hart		239 334-2722 at ()			
Name of Person Area Code Daytime Telephone Number				Telephone Number		
Enclose	d is a check for t	he 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:

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

ARTICLES OF ORGANIZAT OF

COASTAL CROSSINGS, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our i iability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number 119000124546	were filed on May 6, 201	and assigned
This amendment is submitted to amend the following:		5
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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:	28421 Bonita Crossings	Boulevard
(Mailing address MAY BE A POST OFFICE BOX)	Bonita Springs, FL 3413	5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	10 101 11	
	Enter Florida street	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dute provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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
			□ Remove
			☐ Add
			☐ Remove
			□ Change
			Add
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			Change
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Note: 1	re date, if other than to etive date is listed, the date in f the date inserted in this nt's effective date on the	block does not n	neet the applicat	date of filing or mo ble statutory filing	c than 90 days after requirements, this	filing.) Pursuant to 605.02	207 (3) as th
the reco) The S	ord specifies a delay 90th day after the r	ved effective d ecord is filed.	late, but not	an effective ti	me, at 12:01 a	.m. on the earlier	of:
Dated _	une 27		2019	<u>.</u> ·			
		Than		ized representative of			
					of a member		
	Thomas B. Hart, Esc	, A+41-1	in-Fact				

Page 3 of 3

Filing Fee: \$25.00