

L20 000259 389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

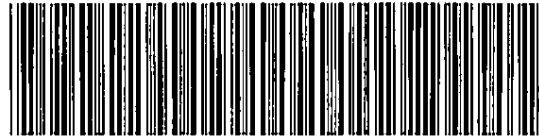
(Document Number)

Certified Copies _____ Certificates of Status _____

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11/19/20--01005--016 **25.00

MAR 26 2021

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Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Handwritten initials "HIN" and two crossed-out stamps.

January 4, 2021

BENJAMIN WILSON
COASTAL VIEW PROPERTY MANAGEMENT LLC
PO BOX 22032
SARASOTA, FL 34276

SUBJECT: COASTAL VIEW PROPERTY MANAGEMENT LLC
Ref. Number: L20000259389

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE AMENDMENT FORM PROVIDED TO SHOW CHANGES TO AUTHORIZED PERSON DETAIL AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 921A00000078

Michelle Banks
941-376-3177
MB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal View Property mgmt 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:

Ben Wilson
Name of Person

Coastal View Property mgmt. LLC
Firm/Company

PO Box 22032
Address

Sarasota FL 34276
City/State and Zip Code

info@coastalviewpm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ben Wilson at (941) 350 2128
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

PAID ✓

☐ \$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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Coastal View Property Management 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 L20000259389 and assigned
Florida document number L20000259389 8/21/20

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 "LLC."

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>
mgr	Lauren Kessler	7732 Heyward Circle	<input type="checkbox"/> Add
		Bradenton, FL 34201	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Nicole Banks	5515 Simonton St.	<input type="checkbox"/> Add
		Bradenton, FL 34201	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated Feb 19, 2021

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

Benjamin Wilson

Typed or printed name of signee