

L240002/3655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

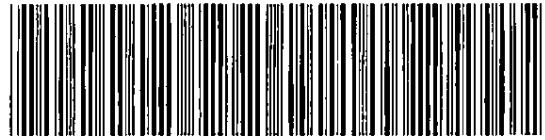
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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10/01/24--01003--028 \*\*25.00

2024 NOV 15 PM 1:55  
Filing Office

AB

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Coastal Living 444 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:

Leleann Jacino

Name of Person

SELF

Firm/Company

6403 Negrit Isle Dr

Address

Naples, FL 34113

City/State and Zip Code

leleann@leleannjacino.com

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

For further information concerning this matter, please call:

Leleann Jacino

Name of Person

at (858) 242-0422

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**

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 Lany 444, LLC 2011 MAY 15 PM 1:55  
(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 \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LEANN TACINO, LLC  
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)

Same as prior  
6403 N. GARCIA ISLE DR  
NAPOLES, FL 34113

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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[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)

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 11-11-2024

Signature of a member or authorized representative of a member

Leann Jacine  
Typed or printed name of signee

**Filing Fee: \$25.00**

September 12, 2024

Leeann Iacino  
6403 Negril Isle Drive  
Naples, FL 34113

RE: Florida Real Estate Commission  
Application Number: 7701557, Profession 2501

Dear Leeann Iacino:

The Department of Business and Professional Regulation has received your application for licensure as a Real Estate Broker or Sales. The application you have submitted is not complete and we will need the additional documentation listed below. Please wait until you have collected all the required documents before submission. Once we receive the additional documentation along with a copy of this letter, your application will be re-evaluated.

**Application Deficiencies:**

Due to lack of proper registration with the Florida Department of State, Division of Corporations, your application has been deferred. To use the PA/LLC designation in the real estate profession as an individual, you must register your legal first and last name with one of the following suffixes: PA, LLC, PL, or PLLC. Your middle name or initial is optional. Once you have updated the registration at [www.sunbiz.org](http://www.sunbiz.org), resubmit your request. You may also contact them by phone at 850.245.6000. Nicknames, abbreviations, or any other name that is not your legal name is not acceptable nor should your name be registered as a fictitious name.

Note: Our records indicate that your legal name as on file is Leeann Iacino.

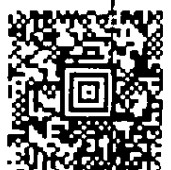
Once we have received this information, we will complete our review of your application. Please note that your application will remain in an incomplete status until such time you have submitted all the requested information for review.

**Please do not reply to this email. This email is sent from an unmonitored email address.**  
**To submit the requested documentation use one of the following options:**

**Responding to Deficiency Notification:**

You may respond to your deficiency using the following methods:

**Online Submission:** If you submitted your application online, visit [www.MyFloridaLicense.com](http://www.MyFloridaLicense.com) and log in to your DBPR online services account. Select Application Status Inquiry from the Functions Menu and then select the relevant application. Select attach and use the browse function to find responsive documents on your





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2024

LEEANN IACHO  
6403 NEGRIL ISLE DR.  
NAPLES, FL 34113

SUBJECT: COASTAL LIVING 444, LLC  
Ref. Number: L24000213655

We have received your document for COASTAL LIVING 444, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU ARE MISSING PAGES TO YOUR AMENDMENT.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 224A00022805

