

M 10000001123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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11 MAR 23 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 24 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2011

KIMBERLY SULLIVAN  
COASTAL VIEW PARTNERS, LLC  
675 INDIANTOWN ROAD, SUITE 201  
JUPITER, FL 33458

SUBJECT: ATREON GLOBAL, LLC  
Ref. Number: M10000001123

We have received your document for ATREON GLOBAL, 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):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 911A00006681

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atreon Global, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Sullivan

Name of Person

Coastal View Partners, LLC

Firm/Company

675 West Indiantown Road, Suite 201

Address

Jupiter, Florida 33458

City/State and Zip Code

kimberly@sullivancapitalgroup.com

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

For further information concerning this matter, please call:

Kimberly Sullivan

Name of Person

at ( 561 )

653-1323

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee  
Certificate of Status &  
Certified Copy

FILED  
11 MAR 23 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: Atreon Global, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 3/08/2010

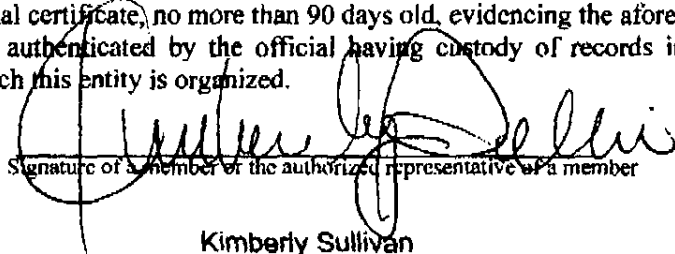
**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? \_\_\_\_\_
5. New name of the limited liability company: Coastal View Partners, LLC  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: \_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: \_\_\_\_\_
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

Kimberly Sullivan

Typed or printed name of signee

**Filing Fee: \$25.00**

**FILED**  
11 MAR 23 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

## *The First State*

PAGE 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ATREON GLOBAL, LLC", CHANGING ITS NAME FROM "ATREON GLOBAL, LLC" TO "COASTAL VIEW PARTNERS, LLC", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2011, AT 12:30 O'CLOCK P.M.

FILED  
11 MAR 23 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4723197 8100

110243289



AUTHENTICATION: 8610181

DATE: 03-09-11

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 12:30 PM 02/28/2011  
FILED 12:30 PM 02/28/2011  
SRV 110243289 - 4723197 FILE

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Atreon Global, LLC (#4723197-12/18/09)
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Change the name of the entity from:

"Atreon Global, LLC"

to:

"Coastal View Partners, LLC"

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 7 day of February, A.D. 2011

By: 

Authorized Person(s)

Name: Kimberly Sullivan

Print or Type

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11 MAR 23 PM 3:09  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA