Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

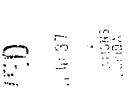
Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453

Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: efile1234@incfile.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COASTAL MEND LLC



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COVER LETTER

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TO: Registration S Division of Co		₩.	(((H25000272952 3)))
aun mag	COAST	AL MEND LLC	
SUBJECT:	Name of Lin	nited Liability Company	•
	of Amendment and fee(s) are sub condence concerning this matter	·	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220	
	 	Address	
	HOUSTON, TX 77064		
	efile1234@incfile.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	all:	
LOVETTE DOBSON		1 (888) 462-3453 at () Area Code Daytime To	
Name	of Person	Area Code Daytime To	elephone 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 Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tall 2415 N. Monroe S	rations ahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H25000272952 3)))

COASTAL M (Name of the Limited Liability Compa (A Florida Limited L		
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L25000247461}$.	were filed on 05/27/2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility 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:	2125 Biscayne Blvd, Ste 204 #221-	43
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33137	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2125 Biscayne Blvd, Ste 204 #221- Miami, FL 33137	2025 AU
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new registered
New Registered Office Address:	Enter Florida street address	
	. Florid	a
- 135 11 - 25	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:

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MGR = Manager AMBR = Authorized Member

Name	Address	Type of Action
		□Add
		□Remove
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