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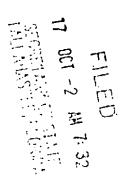
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D. SCOTT OCT 3 2017

COVER LETTER

Division of Co				
Coastal Tr SUBJECT:	ansit Group, LLC	·		
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Erin Chime			
		Name of Person		
	Coastal Transit Group, LL			
		Firm/Company		
	3409 Fowler Street			
		Address		
	Fort Myers, FL 33901			
		City/State and Zip Code		
	Erin@superiorairportshuttle	com		
	E-mail address: ()	to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca	all:		
Erin Chime		239 834-3307	٠٠	
Name o	f Person	Area Code Daytime	Telephone Number	3 7
Enclosed is a check for the	ne following amount:			in d
■ \$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)	FILED 7: 32

MAILING ADDRESS:

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

Coastal Transit Group, LLC				
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on our records.) d Liability Company)			
The Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion for the Liability	by were filed on $\frac{08/28/2017}{}$ and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ubility company here:			
he new name must be distinguishable and contain the words "Limited Lial	bility Company." the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3409 Fowler Street			
Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33901			
Enter new mailing address, if applicable:	3409 Fowler Street			
Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, FL 33901			
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the ere:			
New Registered Office Address: 340°	9 Fowler Street Enter Florida street address			
_ Fort	Myers Florida 33901			
	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>	Address	Type of Action
AMBR	Erin Chime	5986 Milne Circle	9.11
		North Fort Myers, FL 33903	□ Remove
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ective date, if other that effective date is listed, the date: If the date inserted in target and the con-	te must be specifi his block does i	c and cannot be pr not meet the app	ior to date of filing	g or more than 90 d filing requireme	_ (optional) lays after filing.) Pents, this date wi	ursuant to 605.0 H not be listed
record specifies a del ne 90th day after the	ayed effective record is fil	ve date, but i ed.	not an effect	ive time, at 1	2:01 a.m. on	the earlier
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