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SECRETARY OF STATE TALLAHASSEF, FINDRIK

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Coastline Wholesale Signs and Services 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:
Daniel Florio Name of Person Coastline Wholesale Signs and Services UC Firm/Company
ALA Bellevue Avenue EE 3 3 1
Address Daytona Deach Florida 32114 FT City/State and Zip Code in Fo & Coastline Sign. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daniel Floria at (34) 388 - 2009 Name of Person Area Code & Daytime Talanhora Number
For further information concerning this matter, please call:
Name of Person at (34) 388 - 2009 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}}

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

Coartine Whole	sale Si	gns and	Servi	cis	LLC	
(Name of the Limited Li	ability Company : orida Limited Liab	as it now appears (on our records.)			
The Articles of Organization for this Limited Liab		ere filed on <i>0</i>	1/15/2004	<u>'</u> and :	assigned	
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	e limited liabilit	v company here:				
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited	Liability Company	," the designation	"LLC" or th	ne abbreviation	
Enter new principal offices address, if applicabl	e: _		<u> </u>	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)) B		
	_		HAS	£ 5		
			S C C C C C C C C C C C C C C C C C C C	7		
Enter new mailing address, if applicable:	-		ا سما آبان : آبان :	\ } } <u></u> ? •		
(Mailing address MAY BE A POST OFFICE BOX)			LON ROLL		<u>U</u>	
	_			5		
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our	records, enter	the name	e of the new	
Name of New Registered Agent:	KAY	Florio				
New Registered Office Address:	424	Bellevue	Avenue			
	Enter Florida street address					
_	Dayton	Beach	, Florida _	3211	4	
	· c	Lity		Zip Ce	ode	
New Registered Agent's Signature, if changing Reg	istered 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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGF Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** MGPM Florio Daniel Bellevue ☐ Add Remove MERM 424 Bellevue Avenue Daytons Beach Florida 32114 ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00