Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000258340 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GONZALEZ & ASSOCIATES III PA

Account Number ; I20190000077

: (954)773-7286

Fax Number

: (954)526-8825

**Enter the email address for this business entity to be used for future annual report mailings. Forter only one area of the second of the sec

Email Address: ထု

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEST COAST REALTY HOLDING LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

V SHIVER

COVER LETTER

H20000258340 3

TO: Registration Sec Division of Corp			*		
DIK Ting man error	WEST COAST RE	ALTY HOLDING LLC			
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of A	mendment and fee(s) are subj	nitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	ANTONIO GONZALEZ				
		Name of Person			
	GONZALEZ & ASSOCIA	TES III PA			
		Firm/Company ·			
	1820 N CORPORATE LAKES BLVD STE 107				
		Address	<u> </u>		
	WESTON, FL 33326				
		City/State and Zip Code	···		
	AGONZALEZ@AMEFIN				
	E-mail address: (to be used for future annual report noti	fication)		
For further information co	ncerning this matter, please co	मृतः			
ANTONIO GONZALEZ		954 773-7286 at ()			
Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for th	e 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

AMENDMENT H20000258340 3

	COAST REALTY HOLDING LL			
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liab	oility Company were filed on	04/05/2005	ar	nd assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company b	ere:		
N/A				
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the	designation "LLC" or the	abbreviat	ion "L.L.C."
Enter new principal offices address, if applica	ble: N/A			
(Principal office address MUST BE A STREET	ADDRESS)			<u>-</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re	gistered office address on our	records, <u>enter the n</u>	2020 NUG +4 ∧ oft	he new register
agent and/or the new registered office address	s here:		02	
Name of New Registered Agent:	GONZALEZ & ASSOCIATES	III PA		
New Registered Office Address:	1820 N CORPORATE LAKES	BLVD STE 107		
Men Vestareten Office Vottless.	Enter Fi	lorida street address		
	WESTON, FL	, Florida	33326	
	City		Zi	o 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:

H200002583403

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	RAPHAEL DIAZ	2775 N AIRPORT RD SUITE 205	■Add
		FT MYERS, FL 33907	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Remove
			Change

	N/A
(If a	ective date, if other than the date of filing: (optional) n 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 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ďO	cument's effective date on the Department of State's records.
TÊ d	ecord 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.
Da	sed July 30, 2020.
	97.0
	Signapore of a member or authorized representative of a member
	Signature of a monitor of authorized tehresettarive of a memori

Filing Fee: \$25.00