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SECRETARY OF STATE

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AUG 1 6 2013

## **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations		
CHD IE		Coastal LLC		
SUBJE	.C1:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please 1	return all correspo	ndence concerning this matter	to the following:	
		Andrew Morgan		
			Name of Person	
		A. Morgan Coastal LLC		
			Firm/Company	
		204 Hidden Dune CT		
			Address	
		Ponte Vedra Beach, FL 32	082	
			City/State and Zip Code	
		Andrew_Morgan@bellsoutl		
		E-mail address: (i	to be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Andrev	v Morgan		904 280-5755 at ( )	
	Name of	Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$2 <i>5</i>	.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:** 

TO:

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

A. Morgan Coastal LLC	
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L06000097601</u> .	ny were filed on 17 May 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
Equipment Semi LLC	
The new name must be distinguishable and contain the words "Limited Lia	P. C.
Enter new principal offices address, if applicable:	22
(Principal office address MUST BE A STREET ADDRESS)	The desire of the second secon
	(A) (A)
	To To
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. 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
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	ıt:

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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00