| (Red | questor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
| (Bus | siness Entity Nam | ne) | |
| (Document Number) | | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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G. MCLEOD

SEP 19 2008

EXAMINER



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09/18/08--01017--005 **25.00

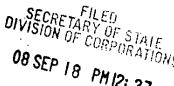
COVER LETTER

| TO: Registration Section of Corp. | | | |
|-----------------------------------|---|--|---|
| SUBJECT: | GENESIS P (Name of Limi | AYROLL LLC ted Liability Company) | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | dence concerning this matter t | to the following: | |
| | BRIAN | (Name of Person) | |
| | | (Name of Person) | |
| | | PAYROLL LLC (Firm/Company) | |
| | | HIA PINECREST RI | > |
| | VACRICO | FL 33596 (City/State and 7 in Code) | |
| | | (City/State and Zip Code) | |
| For further information co. | ncerning this matter, please ca | all: | |
| BRIAN | GRAFTON | at (873) 263 - 7 (Area Code & Daytime To | 576 elephone Number) |
| (| | (| , |
| Enclosed is a check for the | 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| | | 11/12:37 | |
|---|--------------------------------|--------------------------------------|--|
| GENESIS PAYR | OLL LLC | • | |
| (Name of the Limited Liability Compar (A Florida Limited L | y as it now appears on our r | ecords.) | |
| · | | | |
| The Articles of Organization for this Limited Liability Company | were filed on $\frac{3}{4}$ | 1008 and assigned | |
| Florida document number <u>L080000 30457</u> . | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| COASTAL PAYA | ROLL LLC | | |
| The new name must be distinguishable and end with the words "Limit" L.L.C." | ted Liability Company," the de | esignation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | 3433 LMH | IA PINECREST ROAD | |
| (Principal office address MUST BE A STREET ADDRESS) | # 307 | | |
| | VALRICO, | IA PINECREST ROAM | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | ds, enter the name of the new | |
| | - | | |
| Name of New Registered Agent: | H+ | | |
| New Registered Office Address: | | | |
| | (Enter Florida street address) | | |
| | | Florida | |
| | (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 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)

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:

| MGR = Ma MGRM = 1 | anager Managing Member | | |
|---------------------------------------|--|---|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| · · · · · · · · · · · · · · · · · · · | | | Add Remove |
| | | | Add Remove |
| D. If amer | nding any other information, enter chang | ge(s) here: (Attach additional sheets, if necessary.) | |
| - | 78 | | |
| - - | | | |
| Dated | <u>SEP 16</u> , 200 | | |
| | BRIAN | or authorized representative of a member RAFTON d or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00