## LU8000095983

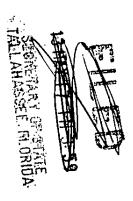
. (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

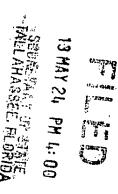
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## **COVER LETTER**

TO: Registration Sec Division of Corp		Ţ.	
SUBJECT: The	Chastal Compo		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	F. 2 1
Please return all correspon	idence concerning this matter	to the following:	
	Curtis	Cren Shaw	24 PH 4: 05
	The Co	UStal Company	es es
	<u> </u>	and St N	<del></del>
	Safety M	WWR FL 34 City/State and Zip Code	1695
	K Lucia @ E-mail address: (to	City/State and Zip Code  Obe used for future annual report no	OUNIES COM
For further information co	oncerning this matter, please ca	all:	
MaraL	ucia	at (127) 723	-9501 x20.
Name of	Person	Area Code & Dayti	me 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	☐\$60.00 Filing Fee. Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Coastal	Companies LUC	
( <u>Name of the Limited Liabili</u> (A Florid	ty Company as it now appears on o a Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number <u>LOB 0000 95</u>	Company were filed on $\frac{\mathcal{O}\mathcal{K}}{983}$ .	10 3008 and assigned 8
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line Coastal Com The new name must be distinguishable and end with the war.L.C."	panies United	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		cords, enter the name of the new
Name of New Registered Agent:	1-42-40-40-40-40-40-40-40-40-40-40-40-40-40-	
New Registered Office Address:		
	Enter Flo	orida 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:

<u>Title</u>	lanaging Member  Name	<u>Address</u>	Type of Action
· · · · · · · · · · · · · · · · · · ·			. 11
			Remove
			····
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			Remove
	<del></del>		Add
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<del></del>			Add
			Remove
		HA WALLE AND THE PARTY OF THE STREET,	Add
			Remove

D. If at	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	· · · · · · · · · · · · · · · · · · ·
	Custon Ar Campa
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00