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COVER LETTER

TO: Registration S Division of C					
_{SUBJECT:} COAST	TAL VISION & DESIGN	LLC			
	(Name of Lim	ited Liability Company)			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please retum all corresp	pondence concerning this matter	to the following:			
	Barbara Dang	,			
		(Name of Person)	<u> </u>	SE E	
	Legalzoom.com, Inc	<u></u>	AH		
		(Firm/Company)	ASS	CRETAR)	-ILEL
	100 W. Broadway S	uite 100	ů. Lu	<u>'</u>	IT
		(Address)	FLO	TIST ST	
	Glendale, CA 91210)	3	A 3	
		(City/State and Zip Code)			
For further information	concerning this matter, please	call:			
Barbara Dang		at (323_) 962-8600			
(Nam	e of Person)	(Area Code & Daytime	Telephone Number)		
Enclosed is a check for	the 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 F Certificate of Certified Cop (additional co	Status &	1)
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MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL VISION & DESIG		 ~	
(<u>Name of the Limited L.</u> (A F	lability Company as it now appears on or forida Limited Liability Company)	ir records.)	
,			
The Articles of Organization for this Limited Liab	oility Company were filed on <u>03/20/20</u>	09 and assect	
Florida document number L09000027251		ASP N	
Florida document number _L09000027231		SE 27	
		# Paù	
This amendment is submitted to amend the follow	ving:	Fo 👼 🕻	
A. If amending name, enter the new name of the	ha limitad liability company hare	SH 👸	
A. If amending name, enter the new name of the	не иниси навину сопрану вете.	>	
	0 10 10 10 10 10 10 10 10 10 10 10 10 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	e designation "LLC." or the abbreviation	
B. If amending the registered agent and/or		cords, enter the name of the new	
registered agent and/or the new registered office	ce address here:		
Name of New Registered Agent:			
Name Descriptional (NCCon Address)			
New Registered Office Address:	(Enter Flo	orida street address)	
	Linux 1700 idu an eel main easy		
	<u> </u>	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re-	gistered Agent:		
I hereby accept the appointment as registered (agent and agree to act in this capacity	P. I further agree to comply with	
the provisions of all statutes relative to the pro	per and complete performance of my	duties, and I am familiar with and	
accept the obligations of my position as registe	ered agent as provided for in Chapter	008, F.S. Or, if this document is	
being filed to merely reflect a change in the res company has been notified in writing of this ch		т ши те итнес шоту	
company has been notified in writing of this ch	unge.		
	(If Changing Registered Agent, Sign	nature of New Registered Agont)	

MGR = Manager

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:

MGRM = Managing Member Title **Name** Address Type of Action MGR___ Ryan Reynolds 329 SNOW GOOSE LN. Add JACKSONVILLE EL 32225 Remove ☐ Add Remove Remove Add]Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article II. The principal address and mailing address of the LLC shall be: 1551 Sunset Drive, Jacksonville Beach FL 32250 Article V. The address of the manager KYLE POLLARD shall be: 1551 Sunset Drive, Jacksonville Beach FL 32250 2011 Signature of a member or authorized representative of a member KYLE POLLARD Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00