L10000 127661

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(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
	LD & ASSOCIATES GROUP	LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kenneth R Wakefield		
		Name of Person	· -
	WAKEFIELD & ASSOCI	ATES GROUP LLC	
		Firm/Company	
	PO BOX 422		
		Address	
	Vero Beach, FL 32961		
		City/State and Zip Code	
	Ken@Islandav.net		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Kenneth Wakefield		772 205-7205	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address:	action
Division of C		Registration Se Division of Co	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAKEFIELD & ASSOCIATES GROUP LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/13/2010 and assigned Florida document number L10000127661 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COASTAL SECURITY SYSTEMS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

__, Florida ___

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
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Page 2 of 3

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(If an ef Note:	ive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	NOVEMBER 4. 2020. The World Signature of a member or authorized representative of a member
	Km=Wolfied
	Signature of a member or authorized representative of a member
	KENNETH WAKEFIELD
	Typed or printed name of signee