Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MONCARZ LAW FIRM Account Number : I20110000035

Phone : (786)276-2559 Fax Number : (786)206-7030

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| T1 | Address: | | | |
|----|----------|--|--|--|
| | MULLESS: | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COAST TO COAST INVESTMENTS HOLDINGS, LLC

| Certificate of Status | 0 |
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| Certified Copy | O |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Coast t | <u>o Coast Investments Holdi</u> | ngs, LLC | | | |
|--|---|------------------------------|-------------------------|--|--|
| (Name of the Lim | ited Liability Company as it now appe (A Florida Limited Liability Company | ars on our records.) | | | |
| The Articles of Organization for this Limite | ed Liability Company were filed on | May 16, 2011 | and assigned | | |
| Florida document numberL11000 | 057986 | | | | |
| This amendment is submitted to amend the | following: | | | | |
| A. If amending name, <u>enter the new nam</u> | e of the limited liability company h | ere: | | | |
| Coas | t to Coast Investment Holdings | , LLC | | | |
| The new name must be distinguishable and end "L.L.C." | with the words "Limited Liability Com | pany." the designation "L | LC" or the abbreviation | | |
| Enter new principal offices address, if ap | plicable: | | | | |
| Principal office address MUST BE A STR | | Walters . Franklighe | | | |
| Enter new mailing address, if applicable: | | | | | |
| • | | | | | |
| Mailing address MAY BE A POST OFFIC | CE BOX) | | | | |
| | | | | | |
| If amending the registered agent as registered agent and/or the new registered | nd/or registered office address on doffice address here: | our records, <u>enter th</u> | e name of the new | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| - | Enter Florida street address | | | | |
| | - | , Florida | | | |
| | Clty | | 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, Simulture of New Recistered Agent

Page 1 of 2

From: Claudia Moncarz - Menendez Moncarz

Pg 3/3 05/27/11 9:30 am

1-1110001413223

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 = N | nnger Managing Member | | |
|----------------------|--|------------------------|------------------------|
| Title | Name Address | Type of Action | v |
| | | Add Remove | |
| | | Add Remove | |
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| | | | |
| | | | 므 |
| D. Ifamend | ling any other information, enter change(s) here: (Attach additional s | theels, (I necessary.) | SECRETA DIVISION OF |
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| Dated | | | 蒸 |
| | Stomatous of State of | an amb a a | |
| | Signaturo of a member or authorized representative of a Claudia Moncarz | INGHIOSE | |
| | Typed or printed name of signee | | |

Page 2 of 2

Filing Fee: \$25.00