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(Red	uestor's Name)				
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COVER LETTER

Tallahassee, FL 32314

TO:	Registration S Division of Co			•			
SUBJE	CT:	Coastline Inves	stments of SWFL, L	LC			•
JUDUI	Name of Limited Liability Company						
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
			Michelle DiCicco		_		
			Name of Person				
Coast		Coastline	e Investments of SWFL	, LLC			
			Firm/Company			2012	
		1407 Viscaya Pkwy			*	-17	
			Address		_ Y.S.Y.	2012 HAR 16	- period at
	Cape Coral, FL 33990					_ m	
			City/State and Zip Code				
			nelleLDiCicco@aol.con to be used for future annual repor			616; U⊅	
For fur	ther information	concerning this matter, please of	call:				
		Robert Kirk	at (917)	417-3500			
	Name	of Person	Area Code & D	aytime Telephone Numb	er		
Enclose	ed 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 end	closed) Certific	iling Fe cate of S ed Copy onal cop	tatus &	
	Regist	LING ADDRESS: tration Section	Registration ?				
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastilrie ir	ivestments of SWFL	, LLC	
(Name of the Limited Liabi (A Florid	lity Company as it now appeada Limited Liability Company)	rs on our records.)	7. 2 Z
	-		国 3 一加
The Articles of Organization for this Limited Liability	y Company were filed on	10/19/2011	and assigned
Florida document number L11000119789	,		5 6
			ma I
This amendment is submitted to amend the following			22 F
And designed is seemed to unless the following	•		33 3
A. If amending name, enter the new name of the l	<u>imited liability company he</u>	<u>re</u> :	20
The new name must be distinguishable and end with the	words "Limited Liability Comp	any," the designation	"LLC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DDECC)		······································
VI (11 12 15 15 15 15 15 15 15 15 15 15 15 15 15			
Enter new mailing address, if applicable:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			
	•		
B. If amending the registered agent and/or reg		our records, <u>ente</u>	the name of the new
registered agent and/or the new registered office ac	agress nere:		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street a	ddress
		Tr701 3	
	City	, Florida _	Zip Code
	- · · •		F

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 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:

MOR = Manager MGRM = Managing Member Type of Action <u>Address</u> <u>Title</u> <u>Name</u> MGR Dean Mitchinson 1407 Viscaya Pkwy ☐ Add Cape Coral, Fl. 33990 ✓ Remove ☐ Add Remove □ Add Remove Remové €**À** ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Michelle DiCicco, Registered Agent & MGRM

Filing Fee: \$25.00