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COVER LETTER

	istration Sec ision of Corp			
CUDIECT.	Coastal Prop	perty Renovations LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
	,	Eric Chavarria		
			Name of Person	
		Coastal Property Renovation	ons LLC	
			Firm/Company	
		422 Wexford Leas Blvd		
			Address	
		Palm Harbor FL 34683		
			City/State and Zip Code	
		Eric.Chavarria@gmail.com	o be used for future annual report noti	faction)
For further in	nformation co	ncerning this matter, please ca	-	ication)
Eric Chavar	ria		727 324-9425	
	Name of	Person	727 324-9425 at ()	e Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Property Renovations LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
he Articles of Organization for this Limited Liability Comp	pany were filed on 5/2/2012	and assigned
lorida document number L12000060046		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ne new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered gistered agent and/or the new registered office address		
gistered agent and/or the new registered office address	<u>nere</u> .	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Name of New Registered Agent:		
Name of New Registered Agent.		HA North
New Registered Office Address:	Enter Florida street address	To P
		TOWN SIAN
	, Flori	da Zip Code
	Cuy	Zip Coue

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

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
MGRM	Jeremy Moore	2288 Hannah Way S	■ Add
		Dunedin FL 34698	□ Remove
		.	Change
			Add
			Remove
	•		Change
			Add
			☐ Remove
			Change
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			☐ Change
		<u></u>	Remove
			☐ Change
			□ Add
			Remove
			□ Change

ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuantiote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ocument's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed.	
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Filing Fee: \$25.00