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(Requestor's Name)
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PICK-UP WAIT MAIL
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section Division of Corporations**

COAStal Properties Group International LLC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

<u>tichelle Duiley</u> at (<u>727</u>) <u>967-8301</u>

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 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 Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT	
TO ARTICLES OF ORGANIZATION OF	
(Name of the Limited Liability Company as it now appears on our records.) (A Flerida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 5102012 and assigned Florida document number $L1200063558$	ł
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
ASST ASST ASST ASST ASST ASST ASST ASST	-
Enter new mailing address, if applicable:	۲ı

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		. Florida
	City	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 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.

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 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>	Name	Address	Type of Action
MGR_	Pettinger Carcoll, Ma	24 2152 Gulfview Blv	d Dygg
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an ei	tive date, if other than the date of filing: $5\overline{33}\overline{33}\overline{33}$ (optional) freetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing 1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date	g.) Pursuant t	o 605.0207 (3)(b) e listed as the
docur	ment's effective date on the Department of State's records.		
If the reco record is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T filed.	he 90th day	after the
Dated	5/23 2023		
	Signature of a member or authorized representative of a member		
	Alexander Jansen Typed or printed name of signce		_