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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Sect Division of Corpo	
SUBJECT: Coast	al Autos, LLC
Subject.	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Adam J. Jenkins
	Name of Person
	Coastal Autos, LLC
	Firm/Company
	1348 Beach Blvd. Unit 50492
	Address
	Jacksonville Beach, FL 32240
	City/State and Zip Code
	info@ceqholdings.com
	E-mail address: (to be used for future annual report notification)
For further information cor	ncerning this matter, please call:
Adam J. Jer	ai ()
Name of I	Person Area Code Daytime Telephone Number
Enclosed is a check for the	e following amount:
■ \$25.00 Filing Fee	Solutional copy is enclosed) \$30.00 Filing Fee & Solution Status Certificate of Status Certified Copy

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 Autos, LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v	vere filed on 08/27/2013	and ass	igned
Florida document number <u>L13000120910</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ty company here:		
Coastal Equity Holdings, LLC			
The new name must be distinguishable and end with the words "Limited Liabil	ty Company," the designation "LLC" or the	e abbreviation "	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
1. Meeples office water 135 MOST DE TISTREET TOOKSON			_ _
		···	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off	ce address on our records, ente	r-the name	of the ne
registered agent and/or the new registered office address here:			CHARLE CO.
		APR	EMBETIC.
Name of New Registered Agent:		중심 중	Burner.
New Registered Office Address:			land
	Enter Florida street address	1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	t install
	, Florida	高 元 5	ARCO.
	City	23 Zin 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Type of Action
☐ Remove

Add
Remove
Add
□ Remove
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Add Remove Remove 9: 5:
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3p. 10
Remove

·····	enter change(s) here: (Attach additional sheets, if necessary,
	
Effective date, if other than the date The effective date must be specific, cannot be p the date this document is filed by the Florida D	of filing: (optional) orior to date of receipt or filed date and cannot be more than 90 days after Department of State)
Dated April 13th	2014
0	4000
Signa	ture of a meeting of authorized representative of a member
Adam J. Jenkins	

Page 3 of 3

Filing Fee: \$25.00

