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(Requ	estor's Name)	
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(Additional)	2 55)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Docu	ment Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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PARTHENT OF STATE SIGN OF CORPORATION LLAHASSEE, FLORING
S. YOUNG

FILED

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:	.castal Propert	ies Florida LL	C
30bate1		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Aleko	ander Jansen	
	Coastal	Name of Person Properties Flor Firm/Company	ida uc
	<u>437 m</u>	Cin St. Address	
	Dune	din, F1 34698 City/State and Zip Code	}
		COASTOLPSI. CO	
For further information of	concerning this matter, please ca	all:	
	Dailey	at (727) 967-8 Area Code Daytim	330 L e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	· 	Street Address: Registration Sec	etion
Division of C P.O. Box 632	Corporations	Division of Cor	porations
1 .O. DUX 032	. 1	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Group Florida CE
now appears on our records.)
iled on 10-1-2013 and assigned
mpany here:
pany," the designation "LLC" or the abbreviation "L.L.C."
s on our records, <u>enter the name of the new registered</u>
Enter Florida street address
y 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 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 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	Sarah Wheaton	4302 Bella Vista Dr	XAdd
		GEORGE St. Pete Beach, Fi	□Remove
		33706	Change
			□Add
	_		□Remove
			□Change
			□Add
			□Remove
			Change
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			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
an effective Note: If th	late, if other than the date of filing:
record spe is filed.	exifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	January 15, 2020.
-	Signature of a member or authorized representative of a member