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SECRETARY OF STATE

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## COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	A NAMED LANGE	brace Funishing did Liability Company	ngs LCC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Xvisti-	Name of Rerson		
	Coastal Cot	tage Lame Turn	Shirys LLC	
	905 pm	nuvst Lane		
	Venice,	The Suppose of City/State and Zip Code	2011 SEI	
	E-mail address: (	to be used for future annual report notifi	imal company	7
For further information of	concerning this matter, please ca	•	ASSE ASSE	7
2 vist Name of	SMPSIX	at (941) Non- Area Code Daytime	Telephone Number	7234
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Deblev 31, 3113 and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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>	Name	Address	Type of Action
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the record spe ) The 90th d	ecifies a delayed day after the reco	effective ord is filed.	date, but n	ot an effect	ive time, at	12:01 a.m.	on the	earlier	of:
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	len	Signature of a	meriller or aut	norized represer	native of a memb	er			

Page 3 of 3

Filing Fee: \$25.00