LHOODSON

(Requestor's Name)		
(Ad	ldress)	
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(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
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Special Instructions to	Filing Officer:	
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SECRETARY OF SALE AND SECRETARY OF SALE

JUN 1 7 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: COOS	Stal Kids (Clothing, LLC ted Liability Company		
The enclosed Articles of Art	nendment and fee(s) are sub-	nitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Noelle	Bryant		
		Name of Person	 	
	· · · · · · · · · · · · · · · · · · ·			51/5
		Firm/Company		
	2244 St	even Street		10000000000000000000000000000000000000
		Address		5
	Clearux	ater, FL 3375	59	
		City/State and Zip Code		
-	E-mail address: (1	AY @ G M OIL. CO	Y) ation)	رت و هي:
For further information cond	cerning this matter, please ca	dt:		
Noelle Br Name of Pe	yant usbn	at (727) LOSS- Area Code Daytime T	Celephone Number	
Enclosed is a check for the f	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 Stat Certified Copy (additional copy is en	tus &

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

TO ARTICLES OF ORGANIZATION OF

Coastal Kids Clothing, L.L.C

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on April 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab NOELE BYACH LL The new name must be distinguishable and contain the words "Limited Liabileter Liabileter".	C
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	2244 Steven Street SE Clearwater FL 33759FI
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	Noeve Byant	2244 Stevenst. Cluby Fg	_ Add
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12) The 90th day after the record is filed.	2:01 a.m. on the earlier of:
NB NB	
Dated JUNE 18 13 , 2016.	
Signature of a member or authorized representative of a member	
Noelle Bryant Avoed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00