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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

COASTAL SUBJECT:	PROPERTY PORTFOLIO, L	LC	
30b/J.CT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ronald White		
		Name of Person	
	 	Firm/Company	
	2364 Riverside Ave		
	<u> </u>	Address	
	Jacksonville, FL 32204		
	ilspw@att.nct	City/State and Zip Code	
		to be used for future annual report notif	lication)
For further information co	oncerning this matter, please co	all:	
Ronald White		904 553-0170 at ()	
Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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)

Registration Section Division of Corporations

TO:

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

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our : Liability Company)	records.)
The Articles of Organization for this Limited Liability Company florida document number $\frac{-1.14000085743}{-1.000085743}$.	wwere filed on $\frac{05/28/2014}{}$	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
COASTAL PROPERTIES PORTFOLIO, L.L.C.		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SEL
Principal office address MUST BE A STREET ADDRESS)		A 6
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		26 PM 1: 30 SEE FLORIDA
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		ecords, <u>enter the name of th</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		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 to 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

	g Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name, an</u>	d address of each person being add	
MGR = N AMBR = A	MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or lote: If the date inserted in this block does not meet the applicable statutory fil ocument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) I ling requirements, this date w	Pursuant to 605.02 ill not be listed a
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. o	n the earlier
ated		
The Use Signature of a member or authorized representation	ve of a member	

Page 3 of 3

Filing Fee: \$25.00