1/4-000 112434

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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COVER LETTER

TO: Registration - Division of C			
* Division of C	Constal	arms Partners	110
SUBJECT:	[002100 1	01113 101 Mars	
	Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corres	pondence concerning this matter t	o the following:	
	Chriss	Silverstein	
	Coastal	Name of Person Falms Partm Firm/Company CONSTASS AI Address Beach FL Gity/State and Zip Code FINANCIAL @ SIN o be used for future annual reportmental	15, LLC
	1615 5	CONSILSS AL	re #103
	Delray	Beach FC	33445
	E-mail address: (t	Gity/State and Zip Code Code	a', l, wm
For further information	n concerning this matter, please ca		
1	, i	at (Sb1) GOD Area Code Daytime	-3646
Nam	e of Person	Area Code Daytime	e Telephone Number
Ençlosed is a check fo	r the 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)
Reg Divi P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce	n ations nter Circle
	1	Tallahassee, FL 32	201

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 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 "L.L.C." 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:

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

MGR = Manager · AMBR = Authorized Member Type of Action **Title** _□ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ 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:

	ng any other information, enter change(s) here: (Attach additional sheets, if nece	
		——————————————————————————————————————
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reffective te: If th	date, if other than the date of filing:	ional) r filing.) Pursuant to 605.02 is date will not be listed
ument .	Series reduce on the Department of State 5 records.	
record he 901	d specifies a delayed effective date, but not an effective time, at 12:01 a lith day after the record is filed.	a.m. on the earlier
ed	2/20/18	
.eu	Chus Silveste	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00