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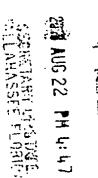
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section
Division of Corporations

编 AUG 22 PM 4:47

Coastal Arts LLC
SUBJECT:

Name of Limited Liability Company

SZORETMAY LY STASE TALLAHASSEE FLORIDA

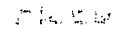
Please return all correspo	ondence concerning this matter	to the following:	
	Clifton Perry		
		Name of Person	
	Coastal Atrs LLC		
		Firm/Company	
	4760 Alvarado Ave.		
		Address	
	Fort Pierce FL 34946		
	clif37@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Clifton Perry		772 979-4555 at ()	
Name of Person		Area Code Daytime	Telephone Number
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.



海線 AUG 22 PH 4:48

Coastal Arts LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALEAHASSEE: FLURID! The Articles of Organization for this Limited Liability Company were filed on $\frac{8/14/2015}{1}$ ____ and assigned Florida document number $\stackrel{L}{=} 14000128257$ 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: Sharon Perry Name of New Registered Agent: 4760 Alverado Ave 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.

Fort Pierce

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being addec or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sharon Perry	4760 Alvarado Ave, Fort Pierce FL 34946	Add
		 	Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
		 	Change
			
			Remove
			Change

		Articles of Orginaztion Articles of Orginaztion
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(If an ex Note:		specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (does not meet the applicable statutory filing requirements, this date will not be listed as t
	ecord specifies a delayed ef e 90th day after the record	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: I is filed.
Dated	d July 18	2019
	CLAM	mature of a member or authorized representative of a member
	Clifton Perry	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

Amended Articles of Organization

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a limited liability company under the State of Florida Limited Liability Company Act, adopt(s) the following articles of organization for such limited liability company.

Article 1. Name of Limited Liability Company. The name of this limited liability company is Coastal Arts LLC.

Article 2. Registered Office and Registered Agent. The initial registered office of this limited liability company and the name of its initial registered agent at this address are:

Sharon Perry, 4760 Alvarado Ave., Fort Pierce Florida 34946

Article 3. Statement of Purposes. The purposes for which this limited liability company is organized are:

Creation and sales of artwork and any other legal purpose.

Article 4. Management and Names and Addresses of Initial Members. The management of this limited liability company is reserved to Sharon Perry. The names and addresses of its initial members are:

Clifton Perry 4760 Alvarado Ave, Fort Pierce Florida 34946

Sharon Perry 4760 Alvarado Ave, Fort Pierce Florida 34946

Article 5. Principal Place of Business of the Limited Liability Company. The principal place of business of the limited liability company shall be: 4760 Alvarado Ave. Fort Pierce Florida 34946

Article 6. Period of Duration of the Limited Liability Company. The period of duration of the limited liability company shall be: 20 years

In witness whereof, the undersigned organizer(s) of this limited liability company has (have) signed these articles of organization on the date indicated.

Date: August 19, 2019

Signature(s):

.

Organizer

Clifton Perry

Organizer

Sharon Perry