Division of Corporations
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(((H160001047193)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COASTAL-GCP, LLC

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Sue Burzer 074052.0291

Electronic Filing Menu

Corporate Filing Mappe 2 8 2016

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL-GCP, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on November 13, 2014	4 and assigned
Florida document number L14000176345		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ity company here:	
COASTAL CONSTRUCTION PRODUCTS, LLC		
The new name must be distinguishable and contain the words "Limited Liability	y 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)		<u></u>
•		<u> </u>
		di N
B. If amending the registered agent and/or registered off		
registered agent and/or the new registered office address here		
		9. <u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Cin	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 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			□ Add
			Change
			Cì Add
		•	□ Remove
			□ Change
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_ Remove

_D Change

to . . . H160001047193 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

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Gardner F. Davis, Authorized Signatory

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee