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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division of Corpor | ations | | | |
|-------------------------------|--|--|-----------------------------|---|
| subject: <u>Coast</u> | to Coast Busine | ess Advisors, Led Liability Company | LLC | |
| The enclosed Articles of Am | endment and fee(s) are subm | nitted for filing. | | |
| Please return all corresponde | ence concerning this matter to | o the following: | | |
| | <u> </u> | 15an M. Lunny Name of Person | | |
| | Coast to Coast | Business Advi Firm/Company | sors, LLC | |
| | 2643 Ravell | a Lane Address | | <u>.</u> |
| - | susan e c | Gardens, Flor City/State and Zip Code Oast to coast l be used for future annual r | oa.com | <u> </u> |
| For further information conc | erning this matter, please cal | II: | | |
| Susan M. Name of Pe | LUNNY | at (<u>850</u>) Area Code | 797-2893 Daytime Telepho | ne Number |
| Enclosed is a check for the f | | | | |
| ★ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl | | \$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

Registration Section

TO:

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

| Coast to Coast Business Advisors, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | |
|--|-----------------------|
| The Articles of Organization for this Limited Liability Company were filed on | and assigned |
| 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 al | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | 16 DIV |
| | ECRI SION AUG |
| Enter new mailing address, if applicable: | OF F |
| (Mailing address MAY BE A POST OFFICE BOX) | COR G |
| | 110 |
| | O NIE |
| B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: | the name of the ne |
| 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 ag | ree to comply with th |

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

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|------------------------------|----------------|
| AMBR | Donald B. Dillon | 14852 68th Drive North | _[XAdd |
| | | Palm Beach Gardens, FL 33418 | Remove |
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| ffective date, if other an effective date is listed, lote: If the date inserted ocument's effective date | the date must be speed in this block do | ecific and cannot be poses not meet the ap | plicable statutory | or more than 90 days | ptional) ufter filing.) Pursuan this date will not | t to 605.0 be liste |
| e record specifies a The 90th day afte | | | not an effecti | ve time, at 12:0 | 1 a.m. on the | earlie |
| ated July 2 | 7 | . 201 | 8 | | | |
| | Signat | ure of a member or | Luny authorized represent | ative of a member | | |
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Page 3 of 3

Filing Fee: \$25.00