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COVER LETTER

	Registration Se Division of Co			
SUBIRC	Coastal Mi	-		
SUBJEC	1:		nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
•		Kerry Anne Schultz		
•		Fountain, Schultz & Bridg	Name of Person ford, PLLC	- <u>-</u>
		2045 Fountain Professiona	Firm/Company	
		Navarre, FL 32566	Address	
		kaschultz@fountainlaw.con	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further	r information c	oncerning this matter, please co	all:	
Kerry Ani	ne Schultz		850 939-3535 at ()	
	Name o	f Person		ne Telephone Number
Enclosed i	s 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)

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 ORGANIZATIONOF



2019 / "C 16 PH 3: 15

Coastal Mirage, LLC		1
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our orida Limited Liability Company)	records.) ,
The Articles of Organization for this Limited Liabilit	ty Company were filed on 01/14/2015	and assigned
Florida document number L15000016527	·	
This amendment is submitted to amend the following	ž.	
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	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u></u>
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our r	ecords, enter the name of the ne
registered agent unasor the new registered office a	iddi ess nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
<u> </u>		, 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 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> Alan McDuff	Address	Type of Action
MGR		6210 Don Carlos Drive Pensacola, Florida 32507	□ Add
			Remove
MĠR	Suzanne McDuff	6210 Don Carlos Drive Pensacola, Florida 32507	Change
•		Tensacota, Florida 32307	□ Add
			= Remove
MGR	Alan Rea McDuff, Trustee of the McDuff Revocable Trust, dated 8/8/2019	6210 Don Carlos Drive Pensacola, Florida 32507	Change
			Remove
MGR	Suzanne Hutto McDuff, Trustee of the	6210 Don Carlos Drive	Change
	McDuff Revocable Trust, dated 8/8/2019	Pensacola, Florida 32507	■ Add
			□ Remove
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	-		□ Remove
	-		Change

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Filing Fee: \$25.00