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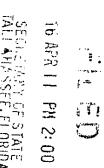
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COVER LETTER

	Registration Sec Division of Corp					
SUBJEC	CT1	tom Construction, LLC				
SUBJEC	1:	Name of Limited Liability Company				
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please ret	urn all correspor	ndence concerning this matter	to the following:			
		Richard R Pieters				
			Name of Person			
		Coastal Custom Constructi	on, LLC			
			Firm/Company			
		63 Rotonda Circle				
			Address	 		
		Rotonda West, FL 33947				
	5	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
		coastalcustomconstruction@				
		E-mail address: (to be used for future annual report notific	cation)		
For further	er information co	oncerning this matter, please ca	all:			
Rich Piet	ers		315 573-5657			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	e following amount:				
\$25.0	O 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

Coastal Custom Construction, 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 February 23, 2015 and assigned Florida document number L15000033814 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 affice 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: 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

If amending Authorized Person(s) authorized to manage, \underline{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>	<u>Address</u>	Type of Action
AMBR	Matthew Finley	141 Broadway Terrace	Add
		Englewood, FL 34223	Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
	 		
			☐ Remove
			Change
			CROAD AND AND AND AND AND AND AND AND AND A
			Remove;
			Add
			□ Remove
			☐ Change

If amending any other information,	enter change(s) here: (Attach ad	lditional sheets, if necessar	ry.)
			.
			100 100 100
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**************************************	A 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
			
			
Effective date, if other than the date (If an effective date is listed, the date must be spots. If the date inserted in this block document's effective date on the Department of the record specifies a delayed effective date.	pecific and cannot be prior to date of filing oes not meet the applicable statutory ment of State's records. ective date, but not an effecti	filing requirements, this date	3.) Pursuant to 605.0207 (3) will not be listed as the
) The 90th day after the record i	s filed.		
Dated April 7,	, 2016)		A (3 -4
	ature of a member or authorized represen	tative of a member	्रांत क
Richard R Pieters			
	Typed or printed name of sign	iee	
	Page 3 of 3		2: 00 5 TATE

Filing Fee: \$25.00