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COVER LETTER

TO:		ration Seon of Cor				
CHDIE	C	oast to Co	ast - St. Augustine, Florida, Ll	LC		
SUBJE	.CI:		Name of Lim	ited Liability Company		
The end	closed A	rticles of a	Amendment and fee(s) are sub	mitted for filing.		
Please	return al	l correspo	ndence concerning this matter	to the following:		
			Susan M. Lunny			16 FEB
•				Name of Person		69 69
			Coast to Coast Business A	dvisors, LLC		<u>e</u>
				Firm/Company		5
			300 S. Australian Avenue,	Unit 507		
				Address		
			West Palm Beach, Florida	33401		
				City/State and Zip Code		
			susanlunny@yahoo.com			
For fur	ther info	rmation co	E-mail address: (to be used for future annual repo all:	n nouncation)	
Susan	M. Lunn	ıy		850 797-28	392	
		Name of	f Person		Daytime Telephone Number	
Enclose	ed is a cl	neck for th	e following amount:			
\$25	5.00 Filii	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified (e of Status &
		Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 sssee, FL 32314	Registration of C Division of C Clifton Build	Corporations ling ive Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coast to Coast - St. Augustine, Florida,		
(Name of the Limited L (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L15000042057	ity Company were filed on March 9, 2015	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
Coast to Coast Business Advisors - St. Augustine, LLC	;	- Fig.
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.T.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		ED 29 (1) ANY CONTRACTOR OF TAXABLE PARTIES AND TAXABLE PARTIES AN
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	61 2: 5t
B. If amending the registered agent and/or registered agent and/or the new registered office	· -	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Floric	da
	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>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Charinge
			□ Change □
			LI Kenieve
			Changer
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change

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ffective date, if other than the da an effective date is listed, the date must be	specific and cannot	ot be prior to d	ate of filing or n	ore than 90 days	o ptional) after filing.) Pursi	uant to 605.0207
lote: If the date inserted in this block ocument's effective date on the Depa	does not meet to rtment of State's	he applicable records.	statutory filin	g requirements	, this date will n	ot be listed as
•						
e record specifies a delayed e The 90th day after the record		but not a	n effective i	time, at 12:	01 a.m. on th	ne earlier of
ated		16				
		20)	Lange			

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Typed or printed name of signee

Filing Fee: \$25.00