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COVER LETTER

Division of Corporations
SUBJECT: Coast to Coast - Naples, Florida, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Susan M. Lunny Name of Person
Coast to Coast Business Advisors, LLC Firm/Company
300 5. Australian Avenue, Unit 507
West Palm Beach, Florida 33401 City/State and Zip Code Susan lunny & yahoo.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan M. Lunny at (850) 797-2892 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\forall \\$25.00 \text{ Filing Fee} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

Coast to Coast-Nap	les, Florida,	LLC
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears of d Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Comparing Florida document numberL500044058	ny were filed on	3/9/15 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here	:
Coast to Coast Business Adv The new name must be distinguishable and contain the words "Limited Lia	15015 - Naple ability Company," the desi	5, LLC gnation "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)	····	
muning unitess IIII BEN1 OST OFFICE BON		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:		all records, enter the hame of the nev
New Registered Office Address:		
	Enter Florida	a street address
<u> </u>	City	, Florida
New Registered Agent's Signature, if changing Registered Agen		•
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of m as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
100	handing Dagletand Asses	it, Signature of New Registered Agent
lic	uanging Kegistereu Agen	or Signature of Leavestered Agent
Pag	ge 1 of 3	

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

AMBB Bryan J. Kiefer, Esq. 495 Grand Boulevard, Suite 206 x Add Miramar Beach, FL 32.550 Remove Change Change Change Add Remove Remove Add Remove Remove Remove	<u>Title</u>	<u>Name</u>	Address	Type of Action
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