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ASSCEL FLORING

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## **COVER LETTER**

TO: Registration S Division of Co		٠	
Rental Lin	k Gulf Coast LLC	·	
	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing	
	ondence concerning this matter	· ·	
	Screna Ramirez		
		Name of Person	
	Innovative Accounting So	olutions Inc	
•		Firm/Company	<del></del>
	9860 N Palafox St		
	<del> </del>	Address	
	Pensacola, FL 32534		
		City/State and Zip Code	
	serena@innovativeaccount	<del>-</del>	
	E-mail address:	to be used for future annual report not	ification)
For further information of	oncerning this matter, please of	all:	
Serena Ramirez		850 232-4772	
Name o	「Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is unclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	٤٠	Street Address:	
Registration Section		Registration Section	
Division of C	orporations	Division of Co	rporations
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rental Link Gulf Coast LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	32
(A Fiorida Linaied E	Jaomiy Company)	建設と加
The Articles of Organization for this Limited Liability Company	were filed on 04/28/2015	and assigned
Florida document number L15000074833		語語や「
This amendment is submitted to amend the following:		PH 6:
A. If amending name, enter the new name of the limited liabi	ility company here:	39
Coastal Link Properties LLC		- <b>-</b> -
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		···
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registered
agent and/or the new registered office address here:		
Niema CNiem Bering al A		
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	, Florid	.8
	Ciry	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 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
			DAdd
			□ Remove
			Change
			□Add
		<del></del>	□Remove
٩		<del></del>	Change
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•			□Remove
			□Change
			□ Remove
			□Change.

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Ceso hilordan	ated	December 23 2019
Signature of a member of authorized representative of a member	aicu .	
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Filing Fee: \$25.00