L15000088006

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Coastal Ren	alty Croup of ited Liability Ompany	Planda
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	_ Ju	Name of Person	
	Coast	re leastly (916 Firm/Company	sup of Flooric
	15 Uhlit	y Orwe Unit	0
	Poem Sil G E-mail address: (1)	City/State and Zip Code + Z P W 1. W 1. State and Zip Code to be used for future annual report notification.	ication)
For further information	concerning this matter, please ca	all:	
July F	of Person	at (386) 793 Area Code Daytime	7509 O
Enclosed is a check for the state of the sta	the following amount: \$\square\$ \$30.00 \text{ 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 Realty Group of Fronda
(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 5 12 15 and assigned
Florida document number L15000088006.
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 office 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:
No. (CN) D. Co. LA
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 amfamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, E.S. Or of 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 = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	JIII Fitzerald	15 Utility Drive Unit O Palm Coast FL, 32137	Add
		Palm Coast FL, 32137	Remove
			Change
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frective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not locument's effective date on the Department of State's records. Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed. Signifulure of a member or authorized representative of a member 100 m.	Pursuant to 605.02				
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Page 3 of 3

Filing Fee: \$25.00