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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	OCU + Name of Lim	do Coast Core	llc
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Tren	Almon Name of Person	
	5503 Grey A	Firm/Company Yank Lane Lakelan	nd, FL 33810
		Address	
crap daddy	CATTO A DATA	City/State and Zip Code	
crap andury	E-mail address: (i	to be used for future annual report notifi	<u>· Com</u>
For further information e	oncerning this matter, please co	, all:	
Trent	Almon	at (863), 529.	3460
Name o	l Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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

Coast to Coast Core 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	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: Crap Daclay LLC	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
† 1	
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 office address here:	**
registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
SSS	
New Registered Office Address: Enter Florida street address	
Emer Puritus sirver address	
City Florida Sin Cole	
S • •	
New Registered Agent's Signature, it 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.	2

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 Address Type of Action <u>Title</u> <u>Name</u> □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Remove _□ Change ☐ Remove

☐ Change

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Page 3 of 3

Filing Fee: \$25.00