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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Sed Division of Corp			
SUBJEC		AST SERVICES LLC		
ЗСБОБС	••	Name of Limited Liability Company	_	
The enclo	sed Articles of	Amendment and fee(s) are submitted for filing.		
Please ret	urn all correspo	ndence concerning this matter to the following:		
		SHAILESH C PATEL		
		Name of Person		
		TRANSCOAST SERVICES LLC		
		Firm/Company		
		2472 GLASBERN CIRCLE		
		Address		
		WEST MELBOURNE, FL 32904		
		City/State and Zip Code		
		SHAILESHCLP07@GMAIL.COM		
		E-mail address: (to be used for future annual report notification)	_	
For further	er information co	oncerning this matter, please call:	787 28	
SHAILES	SH PATEL	321 749-5153 at ()	CRET.	7
	Name of	f Person Area Code Daytime Telephone Nu	2016 NAY 24 A 11: STORETHRY OF STA	
Enclosed	is a check for th	ne following amount:		O
\$25.0	0 Filing Fee	Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy is enclosed)	O Filing Fee, 5 ificate of Status & ified Copy ional 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

TRANSCOAST SERVICES 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 JULY 31, 2015 and assigned Florida document number L15000131323 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3682 N WICKHAM RD, STE B1#411 Enter new mailing address, if applicable: MELBOURNE, FL 32935 (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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
MGR	BHUPENDRAKUMAR C AMIN	5528 KATHY DRIVE	□ Add
		TITUSVILLE, FL 32780	■ Remove
			Change
MGR	NIRMALA B AMIN	5528 KATHY DRIVE	□ Add
		TITUSVILLE, FL 32780	_ ■ Remove
			□ Change
		Add	
			Remove
		□ Change	
	-U-11-12	Add	
			Remove
			SSEE F CRITTE CONTROLL Change
			
			Remove
			☐ Change

ffective date, if other than the date of filing: May 19, 2016 (optional) (o	
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Filing Fee: \$25.00