L15000138028

Office Use Only



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COVER LETTER

ΓΟ: Registration So Division of Cor			of the second se		
	l Group of South Florida, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Pedro E. Baez				
	·	Name of Person			
	Coastal Group of South Flo	orida, LLC.			
Firm/Company					
	14707 South Dixie Hwy. S	suite 105			
		Address			
	Miami, Fl. 33176				
	pedro@coastalgroup.us	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	E-mail address: (to be used for future annual report notif	ication)		
For further information of	concerning this matter, please ca	all:			
Pedro E Baez		305 3593476 at ()			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

FILED 2015 AUG 31 PH 12: 59

The Coastal Group of South Florida, 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 Compar Florida document number L15000138028	ny were filed on	8/12/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability compan	<u>y here</u> :	
Coastal Group of South Florida, LLC.			
The new name must be distinguishable and contain the words "Limited Lia	ability 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 registered agent and/or the new registered office address he		on our records	s, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>		

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

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

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(If an el Note:	tive date, if other than the date of filing:	.0207 (3)(b) ed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:
Dated	August 12.5 2015	
	Signature of a member or authorized representative of a member	
	Pedro E. Baez - Manhar	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00