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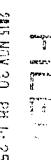
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Sec Division of Corp			•
SUBJI	3 ACC 100	IER COASTAL INSURANCE	E, LLC	
30131		Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	·
		DENISE MENSA-COHEN	, EA	
			Name of Person	• • • • • • • • • • • • • • • • • • • •
151		MENSA TAX EXPERTS, I	INC.	
, . 1			Firm/Company	
		1818 DREW STREET		
*, .			Address	
٠,		CLEARWATER, FL 3376	5	
÷.			City/State and Zip Code	
11.		CLIENTCARE@MENSAT	TAX.COM	
		E-mail address: (to	be used for future annual report notific	ation)
For fur	ther information co	ncerning this matter, please cal	11:	
DENIS	E MENSA-COHE	N, EA	727 330-3500	
Name of Person		at () Area Code Daytime 7	Telephone Number	
•				
Enclose	ed is a check for the	e following amount:		
■ \$25	5.00 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

W. J. FARMER COASTAL INSURANCE, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Compan	y were filed on 09-14-2015	and assigned
Florida document number L15000155988		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		3-0 m
		
		CO Bective
Enton non mailing adduses if smaller his.		
Enter new mailing address, if applicable:		-11 -12 -13 -13 -13 -13 -13 -13 -13 -13 -13 -13
Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	City	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 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
MGRM	JEFF FARMER	1051 BAY AVENUE	
		CLEARWATER, FL 33756	■ Remove
			☐ Change
MGRM	WILLIAM J. FARMER	1051 BAY AVENUE	Add
		CLEARWATER, FL 33756	□ Remove
			Change
		·	Add
			Remove
			Change
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	partificant of Glato	s records.				
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Filing Fee: \$25.00