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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Sec Division of Corp			
	COAST FLA CLOTHING &	APPAREL LLC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	KENNETH L KITCHEN		
		Name of Person	
	REY DEL MAR CLOTHIN	NG & APPAREL LLC	
		Firm/Company	
	338 39TH STREET SOUT	Н	
		Address	
	SAINT PETERSBURG FL	. 33711	
		City/State and Zip Code	
	REYDELMAR@YAHOO.C	COM o be used for future annual report notific	
For further information co	ncerning this matter, please ca		аноп)
KENNETH KITCHEN		727 6445109	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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 FLA CLOTHING	& APPAREL LLC	
(Name of the Limited 1 (A I	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on September 25, 2015	and assigned
Florida document number L15000163335		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
REY DEL MAR CLOTHING & APPAREL LLC		
he 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	2*	
• •		
<u>Principal office address MUST BE A STREET A</u>	<u>DDRESSJ</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	X)	
		
3. If amending the registered agent and/or	registered office address on our records. e	nter the name of the n
registered agent and/or the new registered office		75
		3
Name of New Registered Agent:		ASS TA
Name of New Registered Agent.		जिंद क हिंद
New Registered Office Address:		<u> </u>
	Enter Florida street address	071 211 21
	. Florid	a EE &
_	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			_ Remove
			□ Change
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	•		Remove
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effective date is listed, the date must be	specific and cannot be prior	r to date of filing or mo	ore than 90 days after	filing.) Pursua	
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lemit	nature of a member or auth	orized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00