L15000 207914

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
. (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		•
		:

Office Use Only



800287337908

06/29/16--01004--015 **25.00

16 JUL 20 AH ID: 45

HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
Coastal Aff	airs, LLC		
Sobject.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Scott Littlefield & Na	value Little Field	
		Name of Person	
	Coastal Affairs, LLC dba (Coastal Firearms	
		Firm/Company	
	55 East Granada Blvd #275	57	
		Address	
	Ormond Beach FL 32175		
		City/State and Zip Code	
	coastalaffairsllc@gmail.con		
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	ali:	
Scott Littlefield		at () Area Code Daytime	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fce	□ \$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



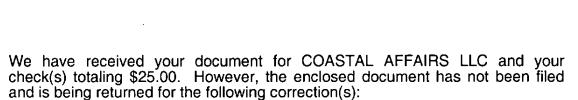
FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2016

SCOTT LITTLEFIELD 55 EAST GRANADA BLVD #2757 ORMOND BEACH, FL 32175

SUBJECT: COASTAL AFFAIRS LLC

Ref. Number: L15000207914



We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 816A00013839

Sunt on 7/16/16

TALLAHASSEF, FLORING 45

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Affairs, 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 12/15/2015 and assigned Florida document number ______15000207914 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 五百万 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 Holly Hill Florida 32117

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

Page 1 of 3

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>	Name	Address	Type of Action
AMBR	Jonathan Minger	342 Van gogh Circle	
		Ponte Vedra, Florida, 32081	■ Remove
			Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			☐ Change
			Add
			☐ Remove
			□ Add
			☐ Remove
		***	☐ Change
			Remove Change
	·		□ Add
			□ Remove
			Change

agreement.			
			
			
		· · · · · · · · · · · · · · · · · · ·	
,			
			
	 		
	· · · · · · · · · · · · · · · · · · ·		
ective date, if other than the da	ite of filing:	((optional)
n effective date is listed, the date must be te: If the date inserted in this block			
cument's effective date on the Depa	ertment of State's records.		
record specifies a delayed e	effective date, but not an	effective time, at 12:	:01 a.m. on the earlier
he 90th day after the record		, 6,, 66,, 70	
ed June 27th	2016		,
red	$\frac{1}{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{$	· 0.14 0	A1 50 5
Lot of the	told Words	e ttll Kal	
Si	nature of a member or authorized	d representative of a member	95 PO
Scott Littlefield and Natali	T 1 6 . T 1	V	

Page 3 of 3

Filing Fee: \$25.00