15000207914

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	<u>-</u>
(Business Entity Name)	_
(Document Number)	_
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COVER LETTER

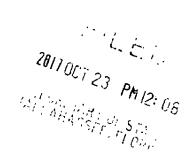
TO: Registration So Division of Con			
Adding AF SUBJECT:	Ps to LLC		
30bjEC1:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Scott Littlefield		
		Name of Person	
	Coastal Affairs, LLC		
		Firm/Company	
	1287 N US HWY 1 Unit 1		
		Address	
	Ormond Beach, FL 32174		
		City/State and Zip Code	
	info@coastalfirearmsfl.com		
		to be used for future annual report no	tification)
For further information of	concerning this matter, please ea	all:	
Scott Littlefield		386 301-2727	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	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:

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, F1, 32301

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)
so 1.2 s at 12.2 s at 12.5 o s at 12/15/2015

(Name of the Limited Liapitity Compa (A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.15000207914.	were filed on 12/15/2015	and assigned
This amendment is submitted to amend the following:		
A. If anrending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1287 N US HWY 1 Unit 1	
(Principal office address MUST BE A STREET ADDRESS)	Ormond Beach, FL 32174	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1287 N US HWY 1 Unit 1 Ormond Beach, FL 32174	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Joseph Scott Vedder	H34 Poinsetta St	■ Add
		Bunnell, FL 32110	□ Remove
			Change
TWIDK	Faul Gerard Dimeglio	531 Mark Ave	a Add
		Daytona Beach, FL 32114	Remove
			Change
			□ ∧dd
		.	Remove
			23 F
			Remove
			Remove
			☐ Change
			D Ad d
			Remove
			Change

	Including Manager Managed EECContract SEL
,	
E 126	fective date, if other than the date of filing:
/16-	an affective data is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.0
<u>No</u> de	the current state in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.
	•
If the	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
(b)	The 90th day after the record is filed.
	October 9th 2017
	October 9th 2017
Da	
Da	Λ + 1 ht /-11
Da	Signature of a member or authorized representative of a member

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