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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COASTAL VIEW PARTNERS DEPOT, LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4	COASTAL VIEW PARTNERS DEPOT, LLC		*
,	(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Anicle	es of Organization for this Limited Liability Company	were filed on 03/11/2016	and assigned
Florida doc	cument number <u>L16000055459</u>		
This amend	dment is submitted to amend the following:		
A. If ame	nding name, enter the new name of the limited liab	nility company here:	
The new nam	ie must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new	er new principal offices address, if applicable: 1984 SW Biltmore Street #110		
(Principal	office address MUST BE A STREET ADDRESS)	Port St Lucie, Fl 34984	
Enter new	mailing address, if applicable;	5 Marina Gardens Drive	2023
Mailing a	ddress MAY BE A POST OFFICE BOX)	Palm Beach Gardens, Fl 33410	FF
			. 2
			7
B. If amer agent and/	nding the registered agent and/or registered office /or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registero
<u>N</u>	lame of New Registered Agent:		•··
<u>N</u>	lew Registered Office Address:		<u> </u>
		Enter Florida street address	
	-		Zip Code
		Cay	гір Сош

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 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
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			Remove
	· Records		□Add
			□Change
			□ Add
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		time at 12:01 a.m. on the	earlier of: (b) The 90th day a	fier th
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