

**L160000 60372**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

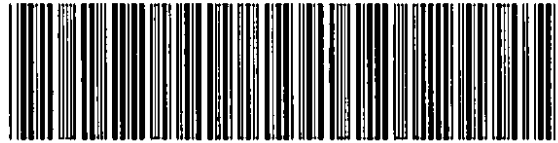
(Business Entity Name)

(Document Number)

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D BRUCE  
AUG 04 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Properties Coast to Coast, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gina Joseph  
Name of Person

\_\_\_\_\_  
Firm/Company

2719 Hollywood Blvd  
Address

Hollywood, FL 33  
City/State and Zip Code

info@recovermoneyfinder.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Joseph at (786) 343 1071  
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the 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

Properties Coast to Coast, 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 3/25/2016 and assigned Florida document number L16000060372

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Invest Coast to Coast, LLC  
The 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:

(Principal office address MUST BE A STREET ADDRESS)

279 Hollywood Blvd  
Hollywood, FL 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2719 Hollywood Blvd  
Hollywood, FL 33025

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:

Gina Joseph  
501 SW 109th Ave Apt #303  
*Enter Florida street address*  
Pembroke Pines, Florida 33025  
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.

[Signature]  
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

Title      Name      Address      Type of Action

Owner      Noe Joseph      501 SW 109th Ave       Add

Apt # 303       Remove

Embroke Pines, FL 33025       Change

Owner      Gina Joseph      501 SW 109th Ave       Add

Apt # 303       Remove

Embroke Pines, FL 33025       Change

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Change

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Change

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Change

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: 7/26/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document'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 earlier of:  
(b) The 90th day after the record is filed.

Dated July 26, 2018.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Gina Joseph  
\_\_\_\_\_  
Typed or printed name of signer