## 11600119587

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Se Division of Cor			
	Studio Ho	tolat //C	
SUBJECT:		ited Liability Company	·
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Simon	Shewmaker Name of Person	<u> </u>
		t Capital	
		26th Street, 1	
	New You	-k, NY 10010	
	Simon She	City/State and Zip Code  Waker @ 9 may to be used for future annual Aport notifi	1. COW
For further information co	oncerning this matter, please ca	dl:	
Simon	Shewmaker	at ( <u>727</u> ) 871 Area Code Daytime	- 58 Z ) Telephone Number
Enclosed is a check for th	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)
MAILI	NG ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Studio Hotshot LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company were filed on June 21, 2016  Florida document number <u>L 16000119587</u>	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Coast Point Capital, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia	ation "L.L.C."
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)  B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	nanter of the new
Name of New Registered Agent:	·
New Registered Office Address:  Enter Florida street address	
Florida	
, Florida	p 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am famil	

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
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			Change
			Add
			Remove
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Effectiv	e date, if other than the date of filing: $8/15/2017$ (optional)	)		
f an effe	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing fithe date inserted in this block does not meet the applicable statutory filing requirements, this date	g.) Pursoar		
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Filing Fee: \$25.00