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| (Requestor's Name) |
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| (Address) |
| (City/State/Zip/Phone #) |
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| (Business Entity Name) |
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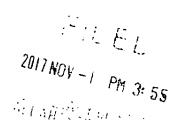
| TO: | | | | |
|----------|---|----------------------------------|---|---|
| | | st Designs, LLC | | |
| SUBJE | CT: | Name of Lim | ited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | |
| | | Peggy L Braun | | |
| | | | Name of Person | |
| | Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Peggy I. Braun Name of Person Coastal Nest Designs, LLC Firm/Company 1772 Ensenada Dos Address Pensacola Beach, FL 32561 City/State and Zip Code coastalnestdesigns@gmail.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: L. Braun 920 S40-3956 at (Area Code Daytime Telephone Number ed is a check for the following amount: 5.00 Filing Fee Certificate of Status Certificat Copy Certificate of Status Certified Copy Certificat Copy Certificat Copy Certificat Copy Certified Copy Certificat Copy Certified Copy | | | |
| | | | Name of Limited Liability Company Indiment and fee(s) are submitted for filing. See concerning this matter to the following: Seggy I. Braun Name of Person Coastal Nest Designs, LLC Firm/Company 772 Ensenada Dos Address Sensacola Beach, FL 32561 City/State and Zip Code astalnestdesigns@gmail.com B-mail address: (to be used for future annual report notification) ming this matter, please call: at (| |
| | | 1772 Ensenada Dos | | |
| | | <u></u> | Address | |
| | | Pensacola Beach, FL 3256 | I | |
| | | coastalnestdesigns@gmail.c | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For furt | her information c | oncerning this matter, please ca | all: | |
| Peggy I | . Braun | | | |
| _ | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclose | ed is a check for th | ne following amount: | | |
| □ \$25 | .00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |

MAHLING 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



Coastal Nest Designs, 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 $\frac{10/24/2016}{2}$ and assigned 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) 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

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

__. Florida

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 |
|--------------|----------------|----------------------------|----------------|
| MGR | Scott D. Braun | 1772 Ensenada Dos | |
| | | Pensacola Beach, FL 32561 | ■ Remove |
| | | | Change |
| MGR | Peggy I, Braun | 1772 Enscnada Dos | Add |
| | | Pensacola Beach, F1, 32561 | ☐ Remove |
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| ctive date, if other than the effective date is listed, the date mu | : date of filing: st be specific and cannot be pri- | or to date of filing or more t | (optional) han 90 days after filing. | Pursuant to 605.02 |
| e: If the date inserted in this butter is effective date on the D | lock does not meet the appli | icable statutory filing re- | quirements, this date: | will not be listed |
| | | | | |
| ecord specifies a delaye | | ot an effective time | e, at 12:01 a.m. (| on the earlier |
| ne 90th day after the rec | ord is filed. | | | |
| October 30 | 2017 | | | |
| | <u> </u> | <u>7</u> . | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00