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DEC OF JOHN J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Coastal Indoor Golf 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:
Brian Sherrill Name of Person
Coastal Indoor Golf LLC Firm/Company
1380 Beach Blud
Jacksonville Beach FL 32250 City/State and Zin Code
Coastaling orgalf & anal com E-mail address: (to b) used for future annual report notification,
cor further information concerning this matter, please call:
Brian Sherrill at (704) 576-4869 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT 70 ARTICLES OF ORGANIZATION OF

Coastal Inc	d Liability Company A Florida Limited Lia	LLC as it now uppears o	n oar records.)		-
The Articles of Organization for this Limited List Florida document numberL16060 22.77	ability Company w		1 1	and :	acsigne.
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabili	ity company here	:		
The new name must be distinguishable and contain the we	ords "Limited Liability	y Company," the desi	gnation "LLC" or the a	bbreviation	"b.k.C"
Enter new principal offices address, if applica	ıble:				<u> </u>
(Principal office address MUST BE A STREE	Γ ADDRESS)				C) •
					<u>.</u> .
				•	
Enter new mailing address, if applicable:					ro
(Mailing address MAY BE A POST OFFICE I	BOX)				
				_	
B. If amending the registered agent and/or the new registered off		ce address on o	ur records, <u>enter</u>	the nam	e of the new
ame of New Registered Agent:				_	 -
New Registered Office Address:	2615	Crystal Enter Florida	cove Cour street address Florida	+	
	Jackson	ulle City	Florida	3272\ Zip Coc	<u>4</u>

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, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager

AMBR = Authorized Member 1 1<u>111e</u> <u>mame</u> Address type of Action Andrew DeHart 1380 Beach Blud GAdd AMBR Jacksonville Beach FL 32250 Kemove _____ Change _____ __ __ Add _____ ☐ Change _□ kemove __ Change _J Add _□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	
Percentage of Ownership	
Percentage of Ownership Hndrew DeHart 90%	
Brian Sherrill 10%	
Drian Sharring 10 16	
,	 _
	
	
	
	
Optional) (If an effective date is listed, the date must be socialized and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	.) Pursuant to 605,0207 (2 will not be listed as t
t the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. b) The 90th day after the record is filed.	on the earlier of:
December 4 2017	: - 2
R. 8/1-11	
1) MOVILL' SECTION SEC	
$\mathcal{P}_{\mathcal{P}} = S1 - \mathcal{P}_{\mathcal{P}}$	
Typed or printed name of signee	
. ypad or printed mand or signed	ຜູ້

Page 3 of 3

Filing Fee: \$25.00