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## **COVER LETTER**

	Registration Se Division of Co					
0110 IP 0		aluation Services LLC.				
SUBJEC	l:	Name of Lim	ited Liability Company	<del></del>		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Alisa Hilditch				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
		Coastal Valuation Services	SLLC			
			Firm/Company			
•		3 Bainbridge Lane				
•			Address			
		Palm Coast, FL 32137				
		alisa.hilditch@aol.com	City/State and Zip Code	<del></del>		
		E-mail address: (	to be used for future annual report notific	cation)		
For furthe	r information c	concerning this matter, please c	all:		. 23	
Alisa Hilo	ditch		386 569-1473	[2] St	2918 OCT	7
	Name o	of Person	at ()	Telephone Number	01.17	
Enclosed	is a check for t	he following amount:		:: :::::::::::::::::::::::::::::::::::	<del>170</del> 314 ' ω	
\$25.0	0 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 Sta Certified Copy (additional copy is er	rus &	•
	Registi Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions ter Circle		

Reg Section Div of Corp PO Box 6327 Tallahassee FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Valuation Services LLC				
(Name of the Limi	ted Liability Company as	it now appears on our records.) ity Company)		
The Articles of Organization for this Limited I. Florida document number \( \begin{align*} \begi	Liability Company were 231487 lowing:	e tiled on 12 27 11	<u>'()</u> and as	ssigned
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" or	the abbreviation "I	tC."
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
	<del></del>			<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office office address here:	address on our records, §	enter the name	of the new
Name of New Registered Agent:	Alisa Hilditch			<u>, —                                   </u>
New Registered Office Address:	3 Bainbridge Lane			
		Enter Florida street address	#4. C	-
	Palm Coast	, Florid	$da = \frac{32137}{100}$	1 .
	<del>-</del>	City	Zip Code	2 1 2
New Registered Agent's Signature, if changing	Registered Agent:		11.0 11.0 11.0	3
I hereby accept the appointment as registery provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete perf istered agent as provi registered office add	formance of my duties, and ided for in Chapter 605, F.S	I am familiar w S. Or, if this doc	ith and cument is

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
<u>ambr</u>	Jason Hilditch		🗆 Add
		3 Bainbridge Ln Palm Coust Fi 321	Remove
		Palm Coust Fe 321	3] Change
			🗆 Add
			□ Remove
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		21 A S S S S S S S S S S S S S S S S S S	O Change
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		Silv I	
(If an e <u>Note</u>	ive date, if other than the date of filing:	otional) fter filing.) Pursuant to this date will not be	605.0207 (3)( listed as the
	cord specifies a delayed effective date, but not an effective time, at 12:0. 90th day after the record is filed.	1. a.m. on the ea	rlier of:
Dated	October 12, 2018		
	alexiated		

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Typed or printed name of signee

Filing Fee: \$25.00