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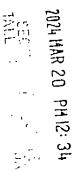
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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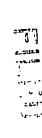
Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| | HANIC "LLC" | | |
| SUBJECT: | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Kelly Coletto | | |
| | | Name of Person | |
| | Makers Corporation | | |
| | | Firm/Company | · · · |
| | 4095 Southern Blvd Ste 20 |)4 | |
| | | Address | |
| | West Palm Beach, FL 334 | 06 | |
| | | City/State and Zip Code | |
| | kelly.coletto@makerscorp.t | | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information c | oncerning this matter, please c | all: | |
| Kelly Coletto | | 561 891-3553 at () | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | he 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 Addres Registration S | | Street Address: Registration Sect | tion |
| Division of C | | Division of Corp | |
| P.O. Box 632 | .7 | The Centre of Ta | ıllahassee |
| Tallahassee, l | FL 32314 | 2415 N. Monroe | Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| THE MECHANIC LLC | | | |
|---|--|---|--------------------|
| (Name of the Limited Liability Com (A Florida Limited | pany as it now appears on our record I Liability Company) | <u>(s.</u>) | |
| The Articles of Organization for this Limited Liability Compar | y were filed on 01/30/2017 | and assig | gned |
| lorida document number 1.17000022719 | | | |
| his amendment is submitted to amend the following: | | | |
| . If amending name, enter the new name of the limited lia | bility company here: | | |
| LORIDA COAST MAINTENANCE AND MANAGEMENT LLC | | | |
| he new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC | or the abbreviation "L.L. | C.'' |
| Inter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS) | - | 2 | |
| , | | SE SE | ezerti) |
| | | ======================================= | V ii |
| | | ? 20 | |
| nter new mailing address, if applicable: | | | # J |
| Mailing address MAY BE A POST OFFICE BOX) | | | اآب تے ہ استانت |
| | | <u> </u> | |
| | | 2. Fr | |
| If amending the registered agent and/or registered office gent and/or the new registered office address here: | e address on our records, <u>enter</u> | the name of the new | regist |
| gent and/or the new registered office address here. | | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street addres | ·s | |
| | | orida | |
| | City | Zip Code | |

New Registered Agent's Signature, if changing Registered Agent:

THE ACCOUNT OF THE REAL COST

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 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 |
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| ective date, if other that is effective date is listed, the determinant in the date inserted in nument's effective date or | ate must be specific this block does no | and cannot be prior of meet the applic | able statutory filin | | iling.) Pursuant to 605.020 |
| cord specifies a delayed of sfiled. | ffective date, but i | not an effective ti | me, at 12:01 a.m. | on the earlier of: (b) | The 90th day after the |
| | | 2024 | | | |
| January 17 | | 2027 | | | |
| ed January 17 | フ.ノ. ノ | . 2024 | <u> </u> | | |
| ed January 17 | Signature of | · | orized representative | of a member | |