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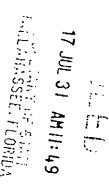
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COVER LETTER

SHRIFCT.	COASTAL	WILDLIFE CONSULTATIO	N LLC			
SUBJECT.		Name of Lim	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:			
		David Smith				
			Name of Person			
		COASTAL WILDLIFE CO	ONSULTATION LLC			
	Firm/Company					
	enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: David Smith					
			Address			
		Panama City, FL 32405				
		City/State and Zip Code				
		-				
		E-mail address; (i	to be used for future annual report not	iffication)		
For further in	ntormation co	oncerning this matter, please ca	all:			
David Smith	1		813 523-2466			
	Name of	Person	Area Code Daytir	ne Telephone Number		
Enclosed is a	check for th	e following amount:				
□ \$25.00 F	iling Fee	-	~	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

(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 02/07/2017 and assigned

Florida document number 1.17000030234

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 new registered agent and/or the new registered office address here:

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

New Registered Office Address:

COASTAL WILDLIFE CONSULTATION LLC

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.

Cirv

465 Grace Ave

Panama City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida <u>32401</u>

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
V	Timothy Smith	465 Grace Ave	
		Panama City, FL 32405	□ Remove
			■ Change
V	Charles Hobbs	465 Grace Ave	
		Panama City, FL 32405	Remove
			Change
P	David Smith	465 Grace Ave	≅ Add
		Panama City, FL 32405	□ Remove
			Change
			Remove Under the state of the
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e record specifies a delaye The 90th day after the rec			an effectiv	e time, at 12:	:01 a.m. on th	ne earlier
uted		. 2017				
Find 1	South	1				
- Clarenty	Signature of a	member or autho	rized representat	ive of a member		

Page 3 of 3

Filing Fee: \$25.00