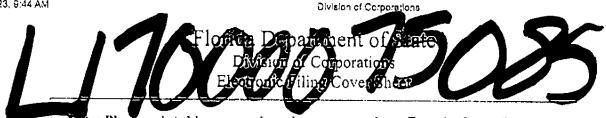
8/23/23, 9:44 AM



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN

Account Number : 076077001654 Phone : (813)273-4229 Fax Number : (813)273-4396

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 与でCOASTAL RESTAURANT SERVICE & EQUIPMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

T. LEIL LUX

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL RESTAURANT SERVICE & EQUIPMENT, 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 04/05/2017 Florida document number: L17000075085	and assigned

A. If amending name, enter the new name of the limited liability company here:

		<u></u> 일
		~ ~
(Malling address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
-		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation "L.	L.C."

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 Name Designated Assets			_
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		_L3
New Registered Office Address:			$\bar{\sim}$
	Enter Florida sireet address		ن ا
		•	
	, Florida		
	City	71c Code	

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

(((H23000292654 3)))
If amending Authorized Person(s) authorized to runnage, enter the title, name, and address of each person being added or removed from our records:

MGR - Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	KARSON A CHIVAS	18395 GULF BLVD., SUTTE 204	= Add
		INDIAN SHORES, FL 33785	CRemove
			□ Change
			□Add
			🖸 Romave
		1_1	□ Change
			□Remove
			□ Change
			□Add
			□Remove
			☐ Chánge
			bbACl
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			□ Change
			DAdd
			□Remove
			□Change

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Effective date, if other than the antifer of the date in the late inserted in this document's effective date on the	he date of filing: ust be specific and cannot be pr block does not meet the app Department of State's recor	ior to date of filing or more than 9 licable statutory filing require ds.	(optional) 0 days after filing.) Fursuant to 605 0207 ments, this date will not be listed as
record specifies a delayed effect d is filed.	ive date, but not an effective	time, at 12:01 a.m. on the eas	rlier of: (b) The 90th day after the
Dated AUGUST 21	2023	<u> </u>	
	, n 1		
4	CANY Y CHIVI	horized representative of a member	

Filing Fee: \$25.00