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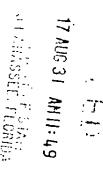
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COVER LETTER

TO: Registration Division of C	Section orporations		
	OASTAL SEAWALLS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
		DOLI A DAVY	
		Name of Person	
	DAV	Y'S ACCOUNTING SERVICES, II	NC.
		Firm/Company	
		5321 IST AVE S	
		Address	
	S	T PETERSBURG, FL 33707	
		City/State and Zip Code	
	DOLI@DAVYSACCOUN		
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please ea	ill:	
DOLLA DAVY		727 520-1980 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Fiting 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 ADDRESS:

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

INTERCOASTAL SEAWALLS, LLC (Name of the Limited Liability Company as if now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 6/14/2017 Florida document number 1.17000130629 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 file name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

Title	<u>Name</u>	Address	Type of Action
MGR	BRYAN BURGE	6020 3RD AVE N	■ Add
		ST PETERSBURG, FL 33710	□ Remove
			☐ Change
			□ Remove
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			Add
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record specifies a delayed e he 90th day after the record	ffective date, d is filed.	, but not ar	n effective tir	ne, at 12:01 a.	m. on th€	earli	er d
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			d representative of				

Page 3 of 3

Filing Fee: \$25.00