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## **COVER LETTER**

TO: Registration Division of C			
	COAST PREMIER MANAGEMI	ENT, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Jorge E. Otero, Esq.		
	<u></u>	Name of Person	
	Jorge E. Otero & Associat	es, P.A.	
		Firm/Company	<del></del>
	75 Valencia Ave., Fourth	Floor	
		Address	
	Coral Gables, Florida 331	34	
	<u> </u>	City/State and Zip Code	
	service@oterolaw.com	to be used for future annual report notif	(ication)
For further information	n concerning this matter, please c		
Jorge E. Otero, Esq.		305 567-9000	
Nam	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check fo	r the 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
Reg	ILING ADDRESS: istration Section sion of Corporations	STREET/COURI Registration Section Division of Corpor	n

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLD COAST PREMIER MANAGEMENT, LLC	•	
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on October 9, 2017	and assigned
Florida document number L17000208846		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SECRE VISION
		FILE DF CO
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		E AN
		<b>2</b> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida, Florida _	Zip 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

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	Waison Lam	16155 SW 117 Ave., Suite B2	<b>∃</b> Add
		Miami, FL 33177	Remove
			☐ Change
CFO	Waison Lam	16155 SW 117 Ave, Suite B2	■ Add
		Miami, FL 33177	Remove
MGRV	Veronica Garcia	16155 SW 117 Ave., Suite B2	
	Miami, FL 33177	Remove	
C00	Veronica Garcia	16155 SW 117 Ave., Suite B2	
		Miami, FL 33177	□ Remove
			□ Change
		□ Add	
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Dated TUCY 12 2018.  Determine the record is filed.	Note:	1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	not be liste	ed as th
Meserie Derei			:he earlie	er of:
Nignature of a member or authorized representative of a member	Dated	JULY 12 12 2018		
Signature of a member or authorized representative of a member		Meneries Donn		
		Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00