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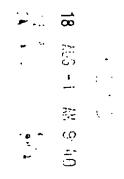
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COVER LETTER

SUBJECT:	Coast to Co	ast Market, LLC.		
Sobstic 1.		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please returr	all correspo	ndence concerning this matter	to the following:	
		Adrian Barrios		
			Name of Person	
		Coast to Coast Market, LL	.C.	
			Firm/Company	
		437 NE 14th Avenue		
			Address	
		Fort Lauderdale, FL 33301	ı	
			City/State and Zip Code	
		barriosadrian988@gmail.cc		
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please co	all:	
Adrian Barr	ios		561 262-2097	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Coast to Coast Market, LLC		
(Name of the Limited Liability Co.	mpany as it now appears on our records.) ted Liability Company)	• • •
(A Fiorida Enni	ed Liaontty Company)	. 25
The Articles of Organization for this Limited Liability Compa	any were filed on October 24, 2017	and assigned
Florida document number L17000219785		
		! ! .
This amendment is submitted to amend the following:		·n · · · CO
		6 40
A. If amending name, enter the new name of the limited 1	<u>iability company here</u> :	٠
The new name must be distinguishable and contain the words "Limited L	iability 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	2	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
inuting dualess MAT BE ATOST OTTICE BOX		
B. If amending the registered agent and/or registered		nter the name of the n
registered agent and/or the new registered office address l	<u>nere</u> :	
Morros of Mary Dagletonal Amorr		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	Zip Code
	City	Zıp 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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Katherine Barrios	437 NE 14th Avenue, FORT LAUDERDALE, FL. 33301	Add
			Remove
			Change
			Add
			Remove
			Change
			Add
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	ek does not meet the app partment of State's record effective date, but it and is filed. 2018 Signature of a member or au	ds. not an effective tim		on the earlier

Filing Fee: \$25.00