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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: · Registration S Division of Co			
SPOOKY	LANE 30A, LLC	1	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RICHARD S. MCNEESE		
		Name of Person	
	MCNEESE LAW FIRM		
		Firm/Company	
	36468 EMERALD COAS	T PKWY, SUITE 1201	
		Address	
	DESTIN, FL 32541		
	RFAMBROUGH@GMAIL	City/State and Zip Code COM to be used for future annual report	notification)
For further information	concerning this matter, please c		,
RICHARD S. MCNEES	SE	850 337-420	0
Name	of Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for t	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)
Regist Divisi P.O. I	ING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	Registration Se Division of Co Clifton Buildir	rporations ng e Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPOOKY LANE 30A, LLC	
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number L17000237694	company were filed on 11/16/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	ress) = Egg
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regist registered agent and/or the new registered office address of New Registered Agent: New Registered Office Address:	tered office address on our records, enter the name of the new ress here: Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	1 Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is a office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

IGR = M MBR = A	lanager uthorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
MBR	COASTYLE HOMES LLC	79 SCENIC GULF DRIVE	= Add
		MIRAMAR BEACH, FL 32550	☐ Remove
			Change
			□ Add
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iment's ef	fective date on	the Departme	ent of State's	records.				
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RII	CHARD S. MO	CNEESE		/				
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Page 3 of 3

Filing Fee: \$25.00