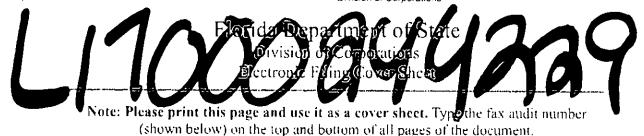
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Division of Corporations



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From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

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 BLUE COASTAL FINANCE, LLC

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Help

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18886118813

Blue Coastal Finance, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	in appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number $\frac{L17000244229}{L17000244229}$	ed on 11/28/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
BIG COASTAL WATER FINANCE, LLC The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "L.I.C" or the abbreviation "L.I.,C."
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 to registered agent and/or the new registered office address here:	₩
Name of New Registered Agent:	2023 A.A.
New Registered Office Address:	Finter Florida street address 5 =
City	Florida
New Registered Agent's Signature, if changing Registered Agent:	C Zip Code
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

18886118813

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Big Coastal Finance Manager, LLC	777 BRICKELL AVE.	
		SUITE 630	□ Remove
		MIAMI, FL 33131	
MGR	DIFALCO, CHRISTOPHE	777 BRICKELL AVE.	
		SULTE 630	
		MIAMI, FL 33131	
		u, a,	☐ Add
			_ □ Remove
			☐ Change
			D Add
			☐ Remove
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Efective date, if other than the da an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa	t does not meet the app	dicable statutory fi	(opti r more than 90 days afte ling requirements, thi	onal) r filing.) Pursuant to 605.026 s date will not be listed a
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