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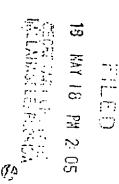
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# **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: Affi	ordable Coast Name of Limit	al Chic, LLC ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	<u>Chêry</u>	Name of Person	
		able <u>Coastal</u> Ch	
	236	Islesbrook Plu	<u>y</u>
-		FL 32259 City/State and Zip Code  Prick & Yahoo obe used for future ampual report not	
For further information cone		9	
Chévyl We Name of Pe	erri UC	at (770) 835 - Area Code Daytin	ne Telephone Number
Enclosed is a check for the fo	ollowing 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)

. . .

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

, , , , , , , , , , , , , , , , , , , ,	eastal Chic, LLC
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u> レ170002535</u> 23	ompany were filed on $\frac{12/12/17}{(effective 1/1/18)}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" of the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
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 addi	tered office address on our records, <u>enter the name of the ne</u> ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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>	Name	Address	Type of Action
MGR	Cheryl Warrick	236 Islesbrook Akwy	OV/Add
		236 Islesbrook Akuy St. Johns, FL 32259	□ Remove
			Change
<del> </del>			
			Remove
			Change
			□ Add
		e e e e e e e e e e e e e e e e e e e	22 Brdd
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If an effective da Note: If the c	te, if other than ate is listed, the dat late inserted in the ffective date on t	e must be spec iis block doe	citic and cann s not meet t	ot be prior to he applicab	date of filing of the statutory f	or more than 90 Hing requires	(optic ) days after ments, this	filing.) Purs	uant to 605.02 not be listed a
	pecifies a dela day after the			but not	an effectiv	e time, at	12:01 a	.m. on tl	he earlier
Dated	5/15/2	Uar War	tuck rc of a memb	er or authori	zed representa	tive of a mem	ber		
_	,^		_	1	name of signe				

Page 3 of 3

Filing Fee: \$25.00