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PICK-UP	WAIT	MAIL		
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Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Aftorclable Coastal Chic, LLC Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Cheryl Warrick Name of Person Affordable Coastal Chic, LLC Firm/Company							
Affordable Coastal Chic, LLC							
236 Islesbruck PKWY							
St Johns FL 32259 City/State and Zip Code Clwarrick by ahoo. com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Chery Warrick at (770) 833-6833 Name of Person Area Code Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) S60.00 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

There has principal offices address, a apparence.					
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LEnter new principal offices address, if applicable:	signed				
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LEnter new principal offices address, if applicable:					
Enter new principal offices address, if applicable:					
T. T	.L.C."				
(Principal office address MUST BE A STREET ADDRESS)	*				
) U	- -T)				
	- 				
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 on our records, enter the name registered agent and/or the new registered office address here:	of the new				
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	Laura Bille Har	236 Islesbrook Pkwy	
		St. Johns, FL 32259	Remove
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary	ury.)		
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(If an ef Note:	tive date, if other than the date of filing: 7 10 2018 (optional fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this datent's effective date on the Department of State's records.	i l) ng.) Pursu	ant to 60 of be lis	05.0207 (3)(b) acd as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	ı. on th	e eari	ier of:
Dated	8/12/2018 . 2018.			
	Signature of a member or authorized representative of a member			
	Chery Warrick Typed or printed name of signee		<u></u>	

Page 3 of 3

Filing Fee: \$25.00