(18000009310

| (Requestor's Name) | |
|---|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAI | L |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only

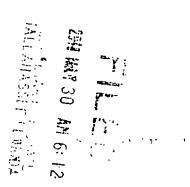


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J. HARRIS



COVER LETTER

| TO: | Registration Se Division of Cor | | | | | |
|---------------|------------------------------------|---|---|---|--|--|
| erin ii | | COAST OPERATIONS, LLC | | | | |
| aubar | ECT: | Name of Limite | d Liability Company | | | |
| | | Amendment and fee(s) are submi | | | | |
| | | Logan S. Parker, Esq. | | | | |
| | | - | Name of Person | | | |
| | | Bass Sox Mercer | | | | |
| | | | | | | |
| | 2822 Remington Green Circle | | | | | |
| | | | Address | | | |
| | | Tallahassee, Florida 3230 | 8 | | | |
| | | | City/State and Zip Code | | | |
| | | lparker@dealerlawyer.com E-mail address: (to | be used for future annual report notifica | tion) | | |
| For fur | ther information co | oncerning this matter, please call | · | | | |
| Logan | S. Parker | | 850 878-6404 | | | |
| | Name of | [*] Person | at () Area Code Daytime To | dephone Number | | |
| Enclose | ed is a check for th | c following amount: | | | | |
| ■ \$25 | 5.00 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

| (Name of the Lim | ted Liability Company as it nov (A Florida Limited Liability Coi | v appears on our records.) mpany) | |
|--|--|--------------------------------------|-------------------------|
| The Articles of Organization for this Limited I Florida document number L18000009310 | | d on <u>01/11/2018</u> | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| This amendment is submitted to amend the following: 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 "LLC." 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 BON) | | | |
| The new name must be distinguishable and contain the | words "Limited Liability Compan | y," the designation "LLC" or the | : abbreviation "L.L.C." |
| Enter new principal offices address, if appli | end the following: ew name of the limited liability company here: Contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" | | |
| (Principal office address MUST BE A STRE) | ET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | e, enter the new name of the limited liability company here: stinguishable and contain the words "Limited Liability Company," the designation "L.L.C." offices address, if applicable: ress MUST BE A STREET ADDRESS) ddress, if applicable: Y BE A POST OFFICE BOX) e registered agent and/or registered office address on our records, enter the name of the new | | |
| | | | → 20 |
| B. If amending the registered agent and registered agent and/or the new registered of | | ress on our records, <u>ent</u> | er the name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | E | nter Florida street address | |
| | Tallahassee | , Florida | 32308 |
| | City | | Zip 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

Page 1 of 3

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> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------------|---------------------------------|----------------|
| MGR | Mark L Ornstein | 2822 Remington Green Circle | |
| | | Tallahassee Florida 32308 | Remove |
| | | | □ Change |
| MGR | Fernando Arellano Geddes | 541 Mary Esther Cut Off NW | = Add |
| | | Ft. Walton Beach, Florida 32548 | □ Remove |
| | | | Change |
| | | | D Add |
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Filing Fee: \$25.00