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2021 NOV 17 AM 7: 09 SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor	ection porations		
~ · · · · · · · · · · · · · · · · · · ·		, COTTONWOOD, LLC		_
SUBJE				
The end	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please i	eturn all correspo	ondence concerning this matter	to the following:	
		Mary A. Fischer		<u>_</u>
			Name of Person	
		Law Office of Ronald S. W	Vebster	
			Firm/Company	
		800 N. Collier Blvd., #203		
			Address	
		Marco Island, FL 34145		
			City/State and Zip Code	
		mary@ronwebster.com E-mail address: (to be used for future annual report notif	ication)
For furt	her information o	concerning this matter, please ca	all:	
Mary A	. Fischer		239 394-8999 at ()	
	Name o	of Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for t	he following amount:		
_ 🗹 \$ 2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ED OF

2021 HOV 17 AM 7: 09

. COASTAL COTTONWOOD, LLC	SECRETARY	COF STATE
(Name of the Limited Liabil	lity Company as it now apprears on our.	ucolup.
The Articles of Organization for this Limited Liability (Florida document number L18000020520	Company were filed on January 23,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, :	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	(address
· · · · · · · · · · · · · · · · · · ·	City	, 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 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> Fitle</u>	Name	Address	Type of Action
MGR	DOUGLAS H. DOMMERT	7166 West B Avenue	□Add
		Kalamazoo, Mi 49009	■Remove
			[]Change
MGR	TAMI R. DOMMERT	7166 West B. Avenue	□Add
		Kalamazoo, M1 49009	■Remove
AMBR	DOUGLAS H. DOMMERT	7166 West B Avenue	□Add
		Kalamazoo, MI 49009	■Remove
			□Change
AMBR	TAMI R. DOMMERT	7166 West B. Avenue	□Add
		Kalamazoo, MI 49009	■Remove
		 	Change
			[]Add
			[]Remove
			Change
			□Add
			ПСточе

). If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
·	
E. Effective (If an effect	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ive date inserted in this block does not meet the applicable stamtory filing requirements, this date will not be listed as the date must be provided by the personnel of State's records.
documen	t's effective date on the polyments
If the record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	October 25, 2021. October 25, 2021. Signature of a member authorized representative of a member
	Signature of a member branthorized representative of a member
	PATRICIA A. LYNETT

BOS DE PORTO DE LA COMPONIDA DEL COMPONIDA DE LA COMPONIDA DEL COMPONIDA DE LA COMPONIDA DEL COMPONIDA