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(Re	questor's Name)	
DA)	dress)	- -
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
		rk And Land ELC.		
SUBJE	CT:	Name of Limi	ted Luability Company	
The enc	losed Articles of	Amendment and feets) are sub-	nitted for tiling.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Ramey J Ivey		
			Name of Person	
		Coastal Rock and LLC	•	
			Firm/Company	
	6009 sunset ave			
Address				
		Panama City Beach FL 32-	408	
			City/State and Zip Code	
		Rameyivey@gmail.com		
			to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please co	ıll:	
Ramey	lvey		850 628-5069	
-	Name o	ri Person	at ()	e Telephone Number
Enclose	ed is a check for the	he following amount:		
		■ \$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)
	Registi	ING ADDRESS: ration Section	STREET/COURI Registration Section Division of Corpor	អា

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

Division of Corporations Clinton Building 2664 Executive Center Circle Fullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Rock and Land LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	nny as it now appears on our records.) Liability (company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on L31/2018	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbre-	viation "L. L. C."
Enter new principal offices address, if applicable:	7703 Meelyey Rd Panama City Beach FL	6
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		e name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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. Thereby 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>	<u>Name</u>	Address	Type of Action
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ilfan e <u>Note</u>	tive date, if other than the date of filing:)5,0207 sted as	(3 lh
he re	cord specifies a delayed effective date, but not an effective time, at $12:01 \text{ a.m.}$ on the earlesson day after the record is filed.	ier of	•
Th	V07/2010		
Dated			

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