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COVER LETTER

Divis	don of Corp	porations		
SUBJECT: _	Coa		ntral Florida Condominium	s, LLC
		Name of Lim	ited Lizbility Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return s	ы со пс ярог	ndence concerning this matter	to the following:	
		Jar	nes E. Moye, Jr., Esquire	
			Name of Person	
		Coas	stal Construction Company	
			Firm/Company	
		595	59 Blue Lagoon Drive, #200	
			Address	
			Miami, Florida 33126	
			City/State and Zip Code	
			e@coastalconstruction.com to be used for future annual report not	fication)
For further inf	ormation co	oncerning this matter, please of	·	
-		Moye, Jr.	at (305) 559-4900 Area Code Daytim)
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
🖾 \$25.00 Fil	ling 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

TO:

Registration Section

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



0 10	e combined o	dominiums, LLC
Coastal Construc	tion of Central Florida Con- Llability Company as it now appear Florida Limited Liability Company)	
(A)	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on	5/15/2018 and assigned
Florida document numberL18000120771		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company he	<u>re</u> :
Coastal Cor	ndominiums of Central Flor	rida, L'LC
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the
		
Name of New Registered Agent:		
No. Burling of Office Address		
New Registered Office Address:	Enter Flori	ida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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		18 SEP 24 AM 4: 11		
Title	<u>Name</u>	SECRETAL AM 4: 11 FALLAHASSEE, FLORIDA	Type of Action	
			Remove	
			Change	
				
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nending any other information, enter change(s) here: (Attach additional sheets, if no	18 SEP 24 AH 4	- }: ,
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tive date, if other than the date of filing: (op ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at	ptional) for filing \ Pursuant to 60	ነፋ ሰነ
: If the date inserted in this block does not meet the applicable statutory filing requirements, t	this date will not be lis	sted
ment's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01	1 a.m. on the earli	lier
e 90th day after the record is filed.		
· _		
Sastember 19, 2018		
d		
11210		
Signature of a member or authorized representative of a member		
~		
James E. Moye, Jr. Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00