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(Re	questor's Name)	
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PICK-UP	☐ WAIT	ate/Zip/Phone #) WAIT MAIL ess Entity Name) ment Number) Certificates of Status
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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Division of Corporations **DUAL COAST MEDIA LLC** SUBJECT: 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: Matthew J Lavoie Name of Person Firm/Company 265 Riggs Ave Address Melbourne Beach, FL 32951 City/State and Zip Code gregbrooks712@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 522-7723 Matthew J Lavoie Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee, \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

70:

Registration Section

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

DUAL COAST MEDIA LLC						
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	ords.)			
Lut. 545, 2019			and assigned			
his amendment is submitted to amend the fol	lowing.					
If amending name, enter the new name	•	ility company here:				
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."			
Inter new principal offices address, if appli	cable:	1465 MAILBU CIRCLE, U	INIT#110			
Principal office address MUST BE A STREET ADDRES		PALM BAY, FL 32905				
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		1465 MAILBU CIRCLE, UNIT#110 PALM BAY, FL 32905				
						3. If amending the registered agent and egistered agent and/or the new registered of
Name of New Registered Agent:	Gregory S Bro	ooks	}			
New Registered Office Address: 1465 Ma		CIRCLE, UNIT#110				
		Enter Florida street add	도 # = =			
	PALM BAY		Florida 32905 Zin Code			
		City	ZID-Coae 💇			

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
AMBR	MATTHEW J LAVOIE		🗀 Add		
		265 Riggs Ave, Melbourne BCH, FL 32951	■ Remove		
			Change		
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ective date, if other than the d	ate of filing:	,,,	C 17 12 A	(optional)	121
effective date is listed, the date must be tee: If the date inserted in this block nument's effective date on the Dep	k does not meet the	: applicable sta	n ming or more ma tutory filing requ	irements, this date	e will not be listed	d a
record specifies a delayed he 90th day after the reco		out not an e	ffective time,	at 12:01 a.m.	on the earlie	r
September 21st	2018	·				
Treo		1/200	of _			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00