L18000 240086

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

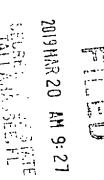
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TIMOTHY J. SLOAN, P.A.

ATTORNEY AND COUNSELOR AT LAW 427 MCKENZIE AVENUE POST OFFICE BOX 2327 PANAMA CITY, FLORIDA 32402-2327

TIMOTHY J. SLOAN ALSO MEMBER OF DISTRICT OF COLUMBIA AND MISSOURI BARS TELEPHONE (850) 769-2501 FACSIMILE (850) 769-0824

March 6, 2019

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

Re: Coastal Clearing LLC ("LLC")

Document No. L18000240086

Gentlemen:

Enclosed please find an Articles of Amendment to Articles of Organization of the above-referenced LLC, together with a check in the amount of \$25.00 to cover the cost of filing. Please file the Statement at your earliest convenience.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Sincerely,

TIMOTHY J. SLOAN, P. A.

Timothy J. Sloan

TJS/mf Encl.

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	COASTAL	CLEARING LLC		
Joban CT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		Timothy J. Sloan, Esq.		
			Name of Person	
		Timothy J. Sloan, P.A.		
			Firm/Company	
		PO Box 2327		
			Address	
		Panama City, FL 32402		
			City/State and Zip Code	:
		thomas 850 E-mail address:	one used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	dI:	
Timothy J. S	Sloan, Esq.		850 769-2501	
	Name of	Person		Felephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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:

TO:

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**



COASTAL CLEARING LLC

(A Flor	ida Limited Liability Company)	ALT IN SEED FITE
The Articles of Organization for this Limited Liability Florida document number <u>L18000240086</u>	Company were filed on October 15, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
-	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

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>	<u>Address</u>	Type of Action
MGR	Thomas Ryan Muldowney	4119 Sue Lane Panama City, FL 32404	■ Add
			Remove
			Add
		-	□ Remove
			Change
		-	🗖 Remove
		- <u>-</u> -	Change
			Remove
			□ Change
			Remove
			Change
			Add
			Remove
			□ Change

_		
-		
		
Note: If	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, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the date on the Department of State's records.	.0207 :d as
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	er of
Dated	October 15. 2018.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00