Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002668273)))



	Doing so will generate at		:9: -:{	<u> </u>
To:			; ;***;	ं (्रा
10.	Division of Corporations		[*1	.; •
	Fax Number : (850)617-6383	3	•••	<u>′</u> . <u>₹</u>
			2 (i.). 2**	:: :- :
From:	4	IDEGEON	<u> </u>	12: 43
	Account Name : HILL WARD HEN Account Number : 072100000520	IDEKOUN	152	చ
	Phone : (813)221-3906	•		
	Fax Number : (813)200-5995	;		
anr	the email address for this busing the control of th	ness entity to be one email addre	used for f	uture •
anr Ema	nual report mailings. Enter only ail Address: LC AMND/RESTATE/CORR	one email addre	G RESIGN	-
anr Ema	nual report mailings. Enter only ail Address: LC AMND/RESTATE/CORR COASTAL INVESTOR	ECT OR M/M	G RESIGN	-
anr Ema	LC AMND/RESTATE/CORR COASTAL INVESTOR Certificate of Status	one email addre	G RESIGN	-
anr Ema	nual report mailings. Enter only ail Address: LC AMND/RESTATE/CORR COASTAL INVESTOR	ECT OR M/M	G RESIGN	-
anr Ema	LC AMND/RESTATE/CORR COASTAL INVESTOR Certificate of Status	ECT OR M/M	G RESIGN	-

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS SEP OB 2019

09/05/19 02:50PM EDT Hill Ward Henderson -> FL Division of Corporation 8506176383 Pg 2

(((H19000266827 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL INVESTOR SERVICES, LL	C			
(Name of the Limited Lia (A Flo	bility Compa orida Limited I	ny as it now appears on our r liability Company)	ecords,)	
The Articles of Organization for this Limited Liabilit Florida document number L18000287479	y Company	were filed on December 1	7, 2018 and assigned	
This amendment is submitted to amend the following	··		· · . •	
A. If amending name, enter the new name of the	limited liab	ility company here:	3 7	
The new name must be distinguishable and contain the words "	Limited Liabil	lity Company," the designation	"LLC" or the ubbreviation "Lit."	
Enter new principal offices address, if applicable:		1311 N. Westshore Blvd.		
(Principal office address MUST BE A STREET ADDR)		Tampa, FL 33607	্	
	_			
Enter new mailing address, if applicable:		1311 N. Westshore Blvd.	, Suite 101	
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, FL 33607		
B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address: 13	iddress her			
Ta	ımpa		_, Florida <u>33607</u>	
		City	Zip Cude	

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

Page 1 of 3

09/05/19 02:50PM EDT Hill Ward Henderson -> FL Division of Corporation 8506176383 Pg 3

(((H19000266827 3)))

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

Title	Nume	Address	Type of Action
AMBR	Michael Wetzer	P.O. Box 539	
		Vice County El (2001)	
		Boen Grande, FL 33921	_ ■ Remove
			Change
MGR	Michael Wetzer	1311 N. Westshore Blvd., Suite 101	= Add
		Tampa, FI. 33607	
			□ Remove
			□ Change
			☐ Remove
			☐ Change
			Add.
	Aller Walter State		1
			Change
			ii≠
			Remove
			□ Change
			□ Add
			☐ Remove
		(//////////////////////////////////////	□ Change
		(((H19000266827 3)))	

09/05/19 02:50PM EDT Hill Ward Henderson -> FL Division of Corporation 8506176383 Pg 4

(((H19000266827 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.

Dated _ ignature of a member or authorized representative of a member Michael Wetzer Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00