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COVER LETTER

TO:	Registration So Division of Co	ection rporations		
cupicz		, BGA, LLC		
SUBJEC	.T:		nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		MAX FARAHANI		
			Name of Person	- .
		<u></u> .	Firm/Company	
			Address	
		3291-3297 E Oakland Par	k Blvd	
		Fort Lauderdale, Florida 33	City/State and Zip Code 3308	
			to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please e	all:	
Max Far	ahani		305 7661176	
	Name o	f Person	at ()Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
≘ \$25.0	00 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

FILED

COASTAL BOA, LLC	aring littl	-5 P 1: 16
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.)	 ; . o
he Articles of Organization for this Limited Liability Company lorida document number L19000024825	were filed on 01/23/2019 ALLAS	ASSEE, FLORILA ASSEE, Floril A
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabii	lity Company," the designation "LLC" or	the abbreviation "L.L.C,"
nter new principal offices address, if applicable:	3291-3297 E Oakland Park Blvd	
Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, Florida 33308	
nter new mailing address, if applicable:	3291-3297 E Oakland Park Blvd	
Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, Florida 33308	<u></u>
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here Name of New Registered Agent:		nter the name of the
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	Florid	la

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

Title	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Change
———			Add
			□ Remove
			Remove
			Change
			
			Remove
			☐ Change

		
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<u> </u>		
		
<u>lote:</u> If the date inserted in this	he date of filing: must be specific and cannot be prior block does not meet the application. Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0 able statutory filing requirements, this date will not be listed
	•	
e record specifies a delay The 90th day after the r		t an effective time, at 12:01 a.m. on the earlier
Dated June, 24	2019	
lar	alii	- '
Max Farahani	Signature of a member or author	orized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00