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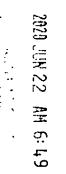
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## **COVER LETTER**

Div	ision of Corp	oorations						
SUBJECT:	Cephas Coa	stal LLC						
Name of Limited Liability Company								
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please return	all correspor	ndence concerning this matter	to the following:					
		Peter Bacopoulos						
			Name of Person					
			Firm/Company	<del></del>				
		400 4th Avenue South 206	,					
			Address	·				
		St. Petersburg, FL 33701						
			City/State and Zip Code					
		busy_child29@hotmail.com						
		E-mail address: (1	to be used for future annual report notifi	ication)				
For further in	nformation co	oncerning this matter, please ca	all:					
Peter Bacop	oulos		850 570-0267 a1 ()					
	Name of	Person	Area Code Daytime	Telephone Number				
Enclosed is a	check for the	e following amount:						
■ \$25.00 F	iling 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

Cephas Coastal LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/29/2019}{1}$ Florida document number L19000087012 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 400 4th Avenue South 206 New Registered Office Address: Enter Florida street address , Florida 33701 Zip Code St. Petersburg

## 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.

City

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>	Address	Type of Action			
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			□ Remove			
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If an effective date Note: If the dat	if other than the is listed, the date mus is inserted in this bl ctive date on the De	t be specific and cock does not me	cannot be prior to eet the applicab	date of filing or mor	(option than 90 days after the equirements, this	iling.) Pursuant to 60:	5.0207 ted as
	ecifies a delayed ay after the rec		ite, but not a	an effective tir	ne, at 12:01 a	m. on the earli	er o
June 16		,	2020				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00