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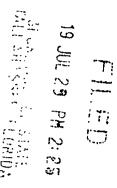
(Rec	questor's Name)	
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CHECE PAROEDER

COVER LETTER

TO: Registration So Division of Co			
subject: <u>[</u> 0a.	stal Busines	5 Solytion 5 Z ited Liability Company	CLLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jerry F	Rame of Person	
		Firm/Company	
	P.O. Box	6226 Address	
	Miramar	Beach F1 3:	2550
	jerry hef. E-nail address:	Beach F1 3: City/State and Zip Code Fel D g mail· Co to be used for future annual report notif	M ication)
For further information c	concerning this matter, please ca	all:	
Jerry	Heffel	at (<u>615</u>) <u>429</u> Area Code Daytime	-5127
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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:

TO:

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 Business Solutions 2
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were	filed on $\underline{\mathcal{H}}$	-09-2019	anc	l assigned
Florida document number <u>L 190000 98506</u>	<u>O_</u> .		·		
This amendment is submitted to amend the following:	nt is submitted to amend the following: g name, enter the new name of the limited liability company here: st be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." neipal offices address, if applicable: the address MUST BE A STREET ADDRESS) lling address, if applicable: st MAY BE A POST OFFICE BOX) In g the registered agent and/or registered office address on our records, enter the name of the nutrand/or the new registered office address here: of New Registered Agent: Registered Office Address: Enter Florido street address				
A. If amending name, enter the new name of the lin	and is submitted to amend the following: Ing name, enter the new name of the limited liability company here: Instituted to amend the following: Instituted Liability Company," the designation "LLC" or the abbreviation "LLC." Incipal offices address, if applicable: Ince address MUST BE A STREET ADDRESS) Instituted Liability Company," the designation "LLC" or the abbreviation "LLC." Incipal offices address, if applicable: Ince address MUST BE A STREET ADDRESS) Instituted Liability Company," the designation "LLC" or the abbreviation "LLC." Incipal offices address MUST BE A STREET ADDRESS) Instituted Liability Company," the designation "LLC" or the abbreviation "LLC." Incipal offices address MUST BE A STREET ADDRESS) Instituted Liability Company," the designation "LLC" or the abbreviation "LLC." Incipal offices address MUST BE A STREET ADDRESS) Incipal address MUST BE A STREET ADDRESS Inc				
The new name must be distinguishable and contain the words "Li	imited Liability Co	mpany," the design	nation "LLC" or the abl	breviatio	n "L.L.C."
Enter new principal offices address, if applicable:		NA		- 	
(Principal office address MUST BE A STREET ADD	DRESS)		:		
				_	<u></u>
				۲-	1 ;
Enter new mailing address, if applicable:		NA			:
(Mailing address MAY BE A POST OFFICE BOX)			70		
			<u> </u>		
			,L-	ਦਾ	
B. If amending the registered agent and/or registered agent and/or the new registered office ad	.,	address on ou	ir records, <u>enter</u>	the na	me of the n
Name of New Registered Agent:	Nη				
New Registered Office Address:	VA				
		Enter Florida .	street address		
			, Florida		
		Tity		Zip C	ode
New Registered Agent's Signature, if changing Register	red Agent:				
I hereby accept the appointment as registered agen	nt and agree to	act in this can	acity I further as r	ee to c	omnly with t

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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.

1f Changing Registered Agent, Signature of New Registered Agent

4-09-2019

MGR = M $AMBR = M$	Manager NA		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
		-	
			□ Remove
			Change
			Add Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change
<u></u>			□ Add
			Remove
			□ Change

	Dased upon legal coursel we are changing the
_	Based upon legal coursel we are changing the authorized members designations to the following
_	
_	Jerry W. E Sonja J. Heffel 90% ownship
-	Kevin L. F April N. Bradley 10% ownership
(-	This replaces The original designations of:
)	Jerry W. Heffel 45% ownership = 5
-	Sonja J. Heffel 45% ownership
-	
)-	Kevin L. Bradley 5% ownership = 100
{-	Term Li Diagree Jie owners
	April N. Bradley 5% ownership
\-	April N. Bradley 5% ownership
. Effecti	ve date, if other than the date of filing: (optional)
(If an effe <u>Note:</u>	ve date, if other than the date of filing:
docume	ent's effective date on the Department of State's records.
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
) The	90th day after the record is filed.
Datad	
Dated _	
	Slam W. Heffel 7-22-19 Signature of a member or authorized representative of a member Jerry W. Heffel Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00