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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Florida Coastal Properties LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Growman Name of Person
Florida Coastal Properties LLC
5455 Verna Blvd #37423
Jacksonville FL 32236  City/State and Zip Code  Florida Coastal Properties 2019 g gmail. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jennifer Goodman at 984 772-5547  Name of Person at 984 Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status 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, 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

(A Fiorida Linined i	naomy Company)
The Articles of Organization for this Limited Liability Company Florida document number 1,1900113649.  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liability Company	ility company here:
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	5455 Verna BIVd # 37423 Jacksonville FL 322310
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5455 Verna BIVd P.O Box 37423 Jacksonville FL 32236
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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 Title <u>Name</u> **Type of Action** MGB Jennifer Goodman # 37423 Jack sonville Fr and ☐ Remove \_□ Change □ Add □ Remove \_□ Change ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change □ Remove □ Change  $\square$  Add □ Remove \_□ Change

	<u></u>
(If an c. <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	<u>5ep+ 12</u> . 2019.

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Filing Fee: \$25.00