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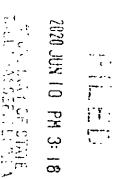
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## **COVER LETTER**

TO:

TO: Registration S Division of Co					
	loast Property Group LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Nancy Quinn				
		Name of Person			
	Coast 2 Coast Property Gr	oup LLC			
		Firm/Company		20,20	
	150 Coconut Dr. Ste 22			7020 JUN 10	•
		Address			 i
	Indialantic, FL 32903			PH 3:	
	nancy.c2cpg@gmail.com	City/State and Zip Code	e	20.00	
	E-mail address: (	to be used for future annua	il report notification)		
For further information	concerning this matter, please co	ail:			
Nancy Quinn		321 2 at ( )	12-8391		
Name	of Person	Area Code	Daytime Teleph	one Number	
Enclosed is a check for	the following amount:				
, ☑ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is ea		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration			Address:		
Division of	Corporations	Divisi	on of Corporation		
P.O. Box 63 Tallahassee.			entre of Tallaha N. Monroe Stree		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on 04/26/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Coast 2 Coast Property Group LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		: <u>)                                   </u>
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our records, <u>en</u>	ter the name of the new regi
New Registered Office Address:	Enter Florida street ad	dress
	·	Florida
	City	Zip Code

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 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	3	Type of Action
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