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COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: COOSTLINE Profe	255ional Services, LLC mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matte	r to the following:
	Name of Person
COSTUNE	Profrésional Sérvicés un
14339 CAR	EN CANÉ Address
PANAMA CH	City/State and Zip Code Services & Gran. Com (to be used for future annual report notification)
<u> COASSURÉEC</u> E-mail address:	(to be used for future annual report notification)
Name of Person	at (850) 3U-3299 50 Area Code Daytime Telephone Number 7 7 7
Enclosed is a check for the following amount:	
\$25 00 Filing Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 5/219and assigned Florida document number <u>L1900612003</u> 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 "LLC" 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: New Registered Office Address: Enter Florida street address , Florida _ Cuv

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Daniel McKay	6702 Gulf Drive	□Add
	,	le702 Gulf Drive Panama City Beach, FL 32,	108 X Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
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f an effective date is liste Note: If the date inse	her than the date of filing: ed, the date must be specific and cannot be prior to date of filing or more than 9 red in this block does not meet the applicable statutory filing require date on the Department of State's records.	(optional) O) days after filing.) Pursuant to 605,0207 ements, this date will not be listed as
d is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after the
Dated P	7en 13 13-21 2021	
	Signature of a member of authorized representative of a men	nber