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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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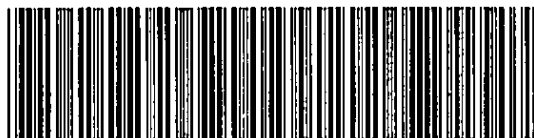
(Business Entity Name)

(Document Number)

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JAN 14 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coast To Coast Title 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:

Jhon A. Torres
Name of Person

Coast to Coast Title LLC
Firm/Company

1449 W Bush Blvd. Suite A
Address

Tampa, FLORIDA 33612
City/State and Zip Code

coasttocoasttitle@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jhon A. Torres at (813) 300-0225
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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**

Coast to Coast Title 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 May 127/2019 and assigned Florida document number L19000142757

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Coastal Blue Title LLC

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)

918 Lithia Pinecrest Rd.
Brandon, FL 33511

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

918 Lithia Pinecrest Rd.
Brandon, FL 33511

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:

Jhon A. Torres

New Registered Office Address:

918 Lithia Pinecrest Rd

Enter Florida street address

Brandon

City

Florida

33511

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 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>	<u>Address</u>	<u>Type of Action</u>
<u>P.</u>	<u>Allen, Kathryn</u>	<u>1449 W BUSH BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33612</u>	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Allen, Kathryn</u>	<u>918 Lithia Pinecrest Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Brandon, FL 33511</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>V</u>	<u>Jhon A. Torres</u>	<u>1449 W. BUSH BLVD</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33612</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Jhon A. Torres</u>	<u>918 Lithia Pinecrest rd</u>	<input checked="" type="checkbox"/> Add
		<u>Brandon, FL 33511</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Manuela Zuluaga</u>	<u>1449 W. BUSH BLVD</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33612</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Manuela Zuluaga</u>	<u>918 Lithia Pinecrest Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Brandon, FL 33511</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Maribel Fianza	918 Lithia Pinecrest	<input checked="" type="checkbox"/> Add
		Brandon, FL 33511	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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