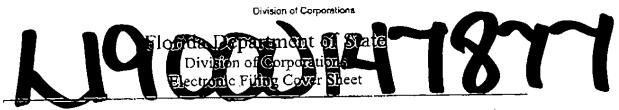
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AKERMAN LLP - JACKSONVILLE

Account Number : 105543000740 Phone : (904)798-3700 Fax Number : (904)798-3730

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: david.ergisi@crossregions.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COASTAL REGIONS PORTFOLIO I LLC

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### **COVER LETTER**

TO:	Registration Se Division of Cor		V.			
elin in	COASTAL	. REGIONS PORTFOLIO I LL	.c			
SUBJE	C1:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filling.			
Picase to	eturn all correspo	endence concerning this matter	to the following:			
		Andrew M. Sod!				
		<del></del>	Name of Person			
		AkermanULP				
			Firm/Company			
		50 North Laura Street, Sui	te 3100			
		Jacksonville, FL 32202	Address		2019	
			City/State and Zip Code		2019 JUN 24	
		E-mail address: (	to he used for future annual report notif	ication)		
For furt	her information :	concerning this matter, please o	ali:			
Andrew	M. Sodi/ RFD		904 798-3700 at ( )			
<u> </u>	Name r	of Person		: Telephone Number		
Enclose	d is a check for t	he following amount:				
<b>■ \$2</b> 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Contact of (additional contact)	of Status & opy	

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

## (((H19000196082 3)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL REGIONS PORTFOLIO I LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	<del></del> -
The Articles of Organization for this Limited Liability Company Florida document number L19000147877	were filed on June 12, 2019	and assigned
his amendment is submitted to amend the following:  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 L.C."  inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Jacksonville, Florida 32225  Inter new mailing address, if applicable:  Jacksonville, Florida 32225  Jacksonville, Florida 32225		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		
	13553 Atlantic Boulevard, Suite 201	
A Trincipal office address in Col Best Distribution	submitted to amend the following:  lame, enter the new name of the limited liability company here:  distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation L.C."  pal offices address, if applicable:  laddress MUST BE A STREET ADDRESS)  Jacksonville, Florida 32225  Jacksonville, Florida 32225  Jacksonville, Florida 32225  the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here:  New Registered Agent:	
new mailing address, if applicable:	<u> </u>	
	Jacksonville, Florida 32225	32225
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Flonda street address	
	, Florida	
		Zip Code
New Registered Agent's Signature, If changing Registered Agent:	<u>L</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an provided for in Chapter 605. F.S. C	n familiar with and or, if this document is
If Cha	inging Registered Agent, Signature of New	Registered Agent

Page 1 of 3

☐ Change

# AKERMAN LLP (((H19000196082 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
MGR	CR COASTAL REGIONS PRIMARY PORTFOLIO LLC	13553 Atlantic Boulevard, Svite 201 Jacksonville, Plorida 32225	Add
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#### AKERMAN LLP

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f an effect Note: If	e date, if other than live date is listed, the date the date inserted in that's effective date on the	: must be specific an is block does not	id cannot be p meet the apt	nor to date plicable st	atutory iiiii	nore than 90 day g requiremen	s after filing.)	Pursuant to will not be	605.02 listed a	07 (3 as th
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