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COVER LETTER

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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

Coastal Chi	MM L	LC ny as it now appears on our r	records.)	
(<u>)</u>	A Florida Limited I	ny as it now appears on our r Jability Company)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
The Articles of Organization for this Limited Lia		were filed on $10-16$	<u> </u>	signed
rionda document number <u>E 1 1000 f</u>	11700.1			
This amendment is submitted to amend the follow	wing:			90
A. If amending name, enter the new name of	the limited liab	ility company here:		4. Ox
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applica	ble:		rk Ave.	
(Principal office address MUST BE A STREET	ADDRESS)	Suite 105 Lake Walco	3, FL. 3385	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>			
B. If amending the registered agent and/oregistered agent and/or the new registered off			cords, <u>enter the name</u>	of the nev
Name of New Registered Agent:	Jenif	er Curtis		
New Registered Office Address:	344 E	, Park Ave, Emer Florida street	address	
•	Lake V	<u>Vales</u>	_, Florida <u>3385</u> Zip Code	<u>.3</u>

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	Jenifer Curtis	23781 US Hwy 27	
		#231	Remove
		Lake Wales, FL 33859	_XChange Title
			□ Add
			□ Remove
			Change
			Remove
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Effective da	e, if other than the c	late of filing:			(optional)	
If an effective on Note: If the	ate is listed, the date must late inserted in this blo ffective date on the De	be specific and cannot ck does not meet the	e applicable statutor	ig or more than 90 day	es after filing.) Pursuant	to 605,020 be listed a
he record s The 90th	pecifies a delayed day after the reco	effective date, l rd is filed.	but not an effec	tive time, at 12	:01 a.m. on the	earlier (
Dated		·	·			
	. ,	70 5	_ 			
_(- Jerrie	Certification of a member	or authorized represe	ntative of a member		
	- / i	rightactic or a member	or aumornica represe	manite of a monayer		

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Filing Fee: \$25.00