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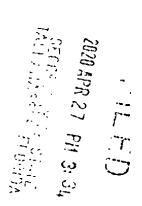
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MANUAL STATE

## **COVER LETTER**

Registration Section Division of Corporations

TO:

suвјест: <b>Со</b>	astal Green	ted Liability Company	Solutions,LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Philhip C	hessow_ Name of Person	
	Coustul	Gueen Ewen Firm/Company	sy Solutions, LCC
	1471 N	Address	
		City/State and Zip Code	
For further information c	E-mail address: ()	278 ma. 7 to be used for the armual re	-port notification)
•	hesson f Person		744-3999 Daytime Telephone Number
Enclosed is a check for t	he following amount:		
★\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[7] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Addre Registration Division of O	Section	Division	tion Section of Corporations
P.O. Box 632 Tallahassee.			tre of Tallahassee Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Cveew L (Name of the Limited Liability Compa (A Florida Limited I	ny as it they appears on our reco	us LLC
The Articles of Organization for this Limited Liability Company Florida document number		
This amendment is submitted to amend the following:		
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 Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
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)		
toliating address MAT DE ATOST OFFICE BOOK		22 FA:S
		720,
B. If amending the registered agent and/or registered office	address on our records, <u>ent</u>	er the name of the new registere
agent and/or the new registered office address here:		200
		P 77
Name of New Registered Agent:		
New Registered Office Address:		5 <del>7</del> 6
	Enter Florida street add	lress —
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</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 heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	, and I am familiar with and 35. F.S. Or, if this document is
(CC)	nging Registered Avent Signatu	re of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
		6710 Benjamin Road, 50	ite 200
MGR	Scott L Kowan	Address 6710 Benjamin Road, 50 Tampa , FL 33634	XAdd
			<u></u>
			□Change
			<b></b>
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
	***************************************		□Add
			□Remove
			□Change
			□Add
			□Remove

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an i Note	ctive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d April 22 2020.
	Signature of a member or authorized representative of a member
	Saesha North Typed or printed name of signee

Filing Fee: \$25.00