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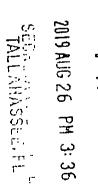
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| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

COASTAL CAPITAL HOLDINGS, LLC SUBJECT: ____ 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: CHARLES HILL Name of Person Firm/Company 531 S. GLENWOOD AVE Address CLEARWATER, FL 33756 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHARLES HILL Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL CAPITAL HOLDINGS, ELC (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 07/11/2019 and assigned Florida document number L19000178811 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 "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) B. If amending the registered agent and/or registered office address on our records, enter the mame of the n registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being ac or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|--|----------------|
| AMBR | CHARLES HILL | 531 S. GLENWOOD AVE. CLEARWATER, FL 33756 | |
| | | | Remove |
| | | | |
| AMBR | ASHLEY ARKELL | 2738 ROOSEVELT BLVD APT 1402 CLEARWATER, FL 33760 | □ Add |
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| f an effective da <mark>Note:</mark> If the d | , if other than the is listed, the date must ite inserted in this because the late on the l | ist be specific and clock does not me | cannot be prior to cet the applicat | date of filing or mole statutory filin | ore than 90 days : | ptional) ifter filing.) Pursuan this date will not | t to 605.020 be listed a |
| | ecifies a delaye lay after the re | | ate, but not | an effective t | ime, at 12:0 | 1 a.m. on the | earlier o |
| Dated <u>8/22</u> | A.M. All | | 2019 | -· | | | |
| Œ, | JUMY IJ | Signature of a m | neinber or author | zed representative | of a member | *** | |
| СН | ARLES VILL | | Tyned or printed | | | | |

Page 3 of 3

Filing Fee: \$25.00