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| (Re | questor's Name) | |
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| PICK-UP | | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO:

Registration Section

| Division of Corpe | | _ | |
|--|--|---|--|
| SUBJECT: | SAT2 LAT2 | ted Liability Company | |
| | | | |
| The enclosed Articles of Ai | mendment and fee(s) are subr | nitted for filing. | |
| Please return all correspond | lence concerning this matter t | to the following: | |
| | | a C. Nutto | ill |
| | | Name of Person | |
| | COASTA | L STAGING Firm/Company | à LLC |
| | (00 T | Firm/Company | |
| | 626 10 | llip Lane Address | |
| | | Address | |
| | Veno be | City/State and Zip Code 1. Nuttall @ | 2963 |
| | alaxanalra | City/State and Zip Code | icloud com |
| | E-mail address: (t | o be used for future annual report noti | fication) |
| For further information con | cerning this matter, please ca | ill: | |
| Alexandra | Muttall | at (<u>#</u> #2) 696 - | - 1920 |
| Name of P | 'erson | Area Code Daytim | e Telephone Number |
| | | | |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL | rporations | Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro | porations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(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 Florida document number L 19000 263314

| A. If amending name, enter the new name of the limited liability company here: | |
|--|---|
| COASTAL DESIGN & STAGING | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L | .L.C" or the abbreviation "L.L.C" |
| Enter new principal offices address, if applicable: | 707 |
| (Principal office address MUST BE A STREET ADDRESS) | · · · · · |
| | |
| | <u>.</u> |
| Enter new mailing address, if applicable: | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | = lo |
| | 06 |
| agent and/or the new registered office address here: Name of New Registered Agent: | ter the name of the new registered |
| agent and/or the new registered office address here: | AMII: 06 ords, enter the name of the new register |
| Name of New Registered Agent: New Registered Office Address: Enter Florida street add | hess . |
| Name of New Registered Agent: New Registered Office Address: Enter Florida street add | tress Florida |
| Name of New Registered Agent: New Registered Office Address: Enter Florida street add | tress Florida |

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> | | Add | ress | | | Type of Action |
|--------------|-------------|-------------|-----|-------------|--------------|---------|-----------------|
| MGR | Cheryl | L: Sangbu | th_ | 4800 | bethel | Creek | 🗆 Add |
| | 7 | U | DR | . 55 | | | K Remove |
| | Cheryl | | Ver | o Beo | eh Fl | _ 32963 | □Change |
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| f an effective date is I Note: If the date in | other than the da isted, the date must be iserted in this block we date on the Depar | specific and can does not meet | not be prior to date the applicable st | of filing or more tha atutory filing requ | (option: n 90 days after fili irements, this da | ing.) Pursuant to 605.0 |)207 (d as t |
| e record specifies a ed is filed. | delayed effective da | te, but not an e | ffective time, at | 12:01 a.m. on the | earlier of: (b) | The 90th day after t | the |
| Dated Mar | 1 10 | . 2 | 020 | | | | |
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Filing Fee: \$25.00