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(Re	questor's Name)	
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	10: - 10:	
(Cit	ry/State/Zip/Phone	: #)
PICK-UP	TIAW [MAIL
(Bu	siness Entity Nam	ne)
		<u>.</u>
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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	gistration Se vision of Cor			
CUDIECT.		DESIGN LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		ALEXANDRA NUTTALI		
			Name of Person	
			Firm/Company	
		4625 HIGHWAY ATA, ST		
			Address	
		VERO BEACH FL 32963		
			City/State and Zip Code	
		alexandra@coastaldesignvb	.com o be used for future annual repo	
For further in	nformation c	e-man address: (i		n nonneation)
ALEXAND	RA NUTTA		772 696192	20
	Name o	f Person	Area Code E	Daytime Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 E	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of State Certified Copy (additional copy is encl
	iling Addres		<u>Street Addro</u> Registratio	
	_	orporations	-	f Corporations
	D. Box 632		The Centre	of Tallahassee
Tai	llahassee. I	*L 32314	2415 N. M	onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL DESIGN LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited l	ny as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited L		were filed on	and assigned	d
Florida document number 1.19000263314	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
ALEXANDRA NUTTALL INTERIORS LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."	,
Enter new principal offices address, if applicable:		4625 HIGHWAY A1A, S	re 8	
(Principal office address MUST BE A STREET ADDRESS)		VERO BEACH FL 32963		
	-			
			2	
Enter new mailing address, if applicable:			2022 SEC TA	
(Mailing address MAY BE A POST OFFICE	BOX)		DEC	11
			至 19	!
			7.55 1.55 1.55 1.55 1.55 1.55 1.55 1.55	Ш
B. If amending the registered agent and/or		address on our records, <u>er</u>	iter the name of the new res	istere
agent and/or the new registered office addre	ess here:			
			, E 9	
Name of New Registered Agent:	SCOTT A NU	ITALL.		
New Registered Office Address:	5055 HIGHWA	AY ATA		
		Enter Florida street ac	ldress	
	VERO BEACH	ſ	, Florida <u>32963</u>	
		Cin	Zin Corle	

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	-		
			□Remove
			□Change
			□Add
			□Remove
			□ Change
	-		□Add
			□Remove
			□Change
			□Add
			Remove
			□ Chapec

Page 2 of 3

. If amending any other information	ı, enter change(s) here	e: (Attach additional sheets, if necessary.)	
Note: If the date inserted in this block	does not meet the application	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605, able statutory filing requirements, this date will not be listed.	.0207 (: ed as th
the record specifies a delayed e) The 90th day after the record		ot an effective time, at 12:01 a.m. on the earlie	er of:
Dated DECEMBER 12	. 2022	<u> </u>	
Sig	mature of a member or autho	orized representative of a member	
ALEXANDRA NUTTALI	•	•	
	Typed or printe	ed name of signee	

Page 3 of 3

Filing Fee: \$25.00