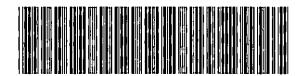
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(Requestor's Name)
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COVER LETTER

то:	Registration Se Division of Cor			
C13D 1127		, FLORIDA CITY & BEACH /	ALLS GROUP, LLC	
SUBJEC	<u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		LAUREN LEMAY		
			Name of Person	
		COAST TO COAST ALL	S GROUP, LLC	
			Firm/Company	
		322 E. PINE STREET		
			Address	
		ORLANDO, FL 32801		
	City/State and Zip Code			
		MANAGER@JPARORLA		
		E-mail address: (to be used for future annual report notification)	
For furth	ner information o	concerning this matter, please co	all:	
LAURE	N LEMAY		407 818-8740 at ()	
	Name o	of Person	Area Code Daytime Telephone Number	
Enclosed	d is a check for t	he following amount:		
■ \$2 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
	Mailing Addre Registration		Street Address: Registration Section	
Division of Corporations			Division of Corporations	
	P.O. Box 63: Tallahassee.		The Centre of Tallahassee 2415 N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL FLORIDA CITY & BEACH ALLS GROUP, LLC

20.27 14 --- 11:43

(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 $\frac{10/31/2019}{}$ and assigned Florida document number $\frac{1.19000273027}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COAST TO COAST ALLS GROUP, LLC 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 adde 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
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Effective date, if other than a large and	the date of filing: must be specific and canno s block does not meet th	ne applicable statut	iling or more than 90 d ory filing requireme	_ (optional) lays after filing.) Pursuar ents, this date will not	nt to 605.0207 be listed as
record specifies a delayed effe d is filed.	ctive date, but not an eff	fective time, at 12:	01 a.m. on the earlie	er of: (b) The 90th d	lay after the
	202	20			
May I Pated					
Pated May I		·			
Dated May 1	Signature of a member	·			

Filing Fee: \$25.00