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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Co					
Coastal Tes	st and Balance, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Charleigh N Heater				
		Name of Person			
		Firm/Company			
	539 Shady Pine Way, Unit				
		Address			
	Greenacres, FL 33415				
	heac.0717@gmail.com	City/State and Zip Code			
	- -	to be used for future annual report noti	fication)		
For further information o	concerning this matter, please co	all:			
Charleigh N Heater		863 532-6733			
Name o	of Person		e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fec	☐ \$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 Addre		Street Address: Registration Sec	ction		
Division of C	Corporations	Division of Cor	porations		
P.O. Box 632	27	The Centre of T	`allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.) d Liability Company)	
ny were filed on December 2, 2019	and assigned
ability company here:	
bility Company," the designation "LLC" or t	the abbreviation "L.L.C."
e address on our records, <u>enter the</u>	name of the mas registe
Enter Florida street address	
ya	
, Florid	at Zip Code
	e address on our records, enter the Enter Florida street address , Florid

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>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□ Change
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Page 2 of 3

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