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COVER LETTER

TO: Registration So Division of Co					
SUBJECT:	Coastal Name of Lim	Clime 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:			
	Grova	Name of Person			
	<i>(a</i> c	Firm/Company			
		Coastal Circle			
		City/State and Zip Code			
	E-ntail address: (o be used for forture arnual report notifi	Com_		
For further information of	concerning this matter, please co	all:			<u>_</u> 5
Chovene Name o	1 Brice. of Person	at (<u>Ho 7)</u> <u>968</u> Area Code Daytime	- 4910 Telephone Number	20 APR -1	AEURE LARY 15 OH OH O
Enclosed is a check for t	he following amount:			77 0	
□ \$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)	14 10: 07	STAIL

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Constru	l'ime
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>4190co 30273</u> 9	were filed on $\frac{12}{12}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address Florida
	Ciry Zip Code

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
ρ_	AKAYla Brice	1124 (castal Circle Ocore, FL 3476/	🗹 Add
	(PIESTON)	- OCOCC, FL 3476/	□Remove
			Change
	(Vice President)	1/24 Coostal Circle Ocoec, FC 34761	<u> </u>
		Ocoec, FC 34761	/ □Remove
			□Change
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			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated March 25 . 2020.
Signature of a member or authorized representative of a member
Gio Vanni 18rice Typed or printed name of signce

Filing Fee: \$25.00