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2020 FEB | 2 PM 2: 10

LLC Amend.

FEB 1 9 2020 D CONNELL

COVER LETTER

TO: Registration Section

Division of Corporations				
	te Real Estate of Florida 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:		
	Donna Browning			
		Name of Person		
	Coastal Elite Real Estate o	f Florida LLC		
		Firm/Company		
	870 N Miramar Ave 313			
		Address		
	Indialantic FL 32903			
		City/State and Zip Code		
	donnabrowninglle@gmail.c	om to be used for future annual report noti	fication)	
For further information of	concerning this matter, please of		nemon,	
Donna Browning	CD	321 574-0378 at ()	a Talanhara Vumbar	
Name 0	of Person	Area Code Dayum	e Terephone Number	
Enclosed is a check for t	he 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO OF

ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

COASTAL ELITE REAL ESTATE OF FLORIDA LLC

Market 2 PAZ: 10 The Articles of Organization for this Limited Liability Company were filed on JANUARY 24, 2020 and assigned Florida document number _____L20000031473 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: DONNA BROWNING Name of New Registered Agent: 870 N MIRAMAR AVE 313 New Registered Office Address: Enter Florida street adáress INDIALANTIC

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 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>	Name	Address	Type of Action
MGR	DONNA BROWNING	870 N MIRAMAR AVE INDIALANTIC FL 32903	□Add
			□Remove
			Change
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			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
f the recor ecord is fi	d 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 led.
Dated	FEBRUARY 7
	Signature of a member or authorized representative of a member
	DONNA BROWNING
	Typed or printed name of signce

Filing Fee: \$25.00