8/6/2021 Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARIA F DIAZ CPA LLC

Account Number : I20140000050 : (954)499-2829 : (754)2605953 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: mdiaz@manadiazcca.com

LLC AMENDMENT/RESTATEMENT/CORRECTION COAST 2 COAST PAINTING AND WATERPROOFING LLC

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## ARTICLES OF AMENDMENT TO \* ARTICLES OF ORGANIZATION . OF

COAST 2 COAST PAINTING AND WATER	RPROOFIN	NG LLC			
(Name of the Limited Liability (A Florida :	ty Company Limited Lis	as it now appears on or bility Company)	ur records.)	<del></del>	
The Articles of Organization for this Limited Liability Co Florida document number 121000196633	ompany w	ere filed on 04/28/20	21	and assigno	xd
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liabilit	ty company here:			
The new name must be distinguishable and contain the words "Limit	ited Liability	Company," the designat	ion "LLC" or the abi	previation "L.L.C."	17
Enter new principal offices address, if applicable:		12741 MIRAMAR PA	RKWAY SUITE	205	
(Principal office address MUST BE A STREET ADDRI	ESS)	MIRAMAR, FL 330	27		
			<u> </u>	202 SE	
	-		···-	<b>AUG</b>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				S S S	
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Induing address MAT BE A TOST OF FICE BOXY	•				17
	-	<del></del>		<u> </u>	$\rightarrow$
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office add	dress on our record	s, <u>enter the name</u>	of the Aew re	gistered
Name of New Registered Agent: ANDRE	EU, EDUA	ARDO N	<u>-</u>	<del> </del>	
New Registered Office Address:					
		Enter Floridu stri	ret address		
	<del></del>	·	, Florida		
		Cliy		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

Title	Name	Address	Type of Action
AMBR	ANDREU, EDUARDO N		□Add
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			□Add
			□Remove
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E. Effective date, if other than the date of filing:  (If an affective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	nt to 605 0207 (3)(b) t be listed as the
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 record is filed.	day after the
Dated August 06 2021.	
Signature of a member or authorized representative of a member	
Eduardo N. Androu	<del></del>

Filing Fee: \$25.00