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COVER LETTER ...

Division of Cor		
SUBJECT:	Blue Coast Company LLC Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	condence concerning this matter to the following:	
	Wesley Carter Name of Person	
	Blue Coast Company, LLC	
	4375 13th PL	
	Vero Beach, FL 32966	
	Vero Beach, FL 32966 City/State and Zip Code WeSley @ blue coast company. com E-mail address: (1) be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Name o	of Person at (410) 703-0964 Area Code Daytime Telephone Number	()
Enclosed is a check for t	the following amount:	,
\$25,00 Filing Fee	☐ \$30,00 Filing Fee & ☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certificate of Status	us &

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

Blue Coast Compa (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100023</u> [073		4 18, 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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,	~
		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
New Registered Office Address:		<i>₹</i> \
New Registered Office / Rediress.	Enter Florida street	<u> </u>
		, Florida
	Ciţv	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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
1 MBR	Wesley Carter	4375 13Th PL Ven Beach, FL 32966	_ i XAdd
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add (¨)
			□Remove
		·•	Change
		24	□Add
			□Remove
			Clunge
			□Add
			□Remove
			□Change

				
				
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Effective date, if other than the date of an effective date is listed, the date must be spective. If the date inserted in this block document's effective date on the Department.	eific and cannot be prior to de es not meet the applicable	ate of filing or more than 90 statutory filing requirem	(optional) . days after filing.) Pursu ents, this date will n	uant to 605.0207 (ot be listed as t
record specifies a delayed effective date. It is filed.	but not an effective time.	at 12:01 a.m. on the earli	er of: (b) The 90th	day after the
Dated 8 11 21	<u> </u>			
Con A	Freler			
Signatu	ue of a member or authorized	d representative of a member	ī	

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Filing Fee: \$25.00