L21000237878

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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APR 1 2 2022				

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2022 HAR 22 PH 2: 55 SECRETARY OF STATE STALLAHASSEE, FL

COVER LETTER

TO:				
CUDII		_	*** *	
SUBJE	.C1:		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		SADIE SCOTT		
		 :	Name of Person	
		FIRST COAST EXCHAN	GE LLC	
			Address	
	Address JACKSONVILLE, FL 32222 City/State and Zip Code SADIE@FIRSTCOASTEXCHANGE.COM			
			•	
		fication)		
For furt	her information c		•	ncanon
SADIE	SCOTT			
	Name o	f Person		e Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

(Name of the Limited Liability Company as it now appears on our gecords.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

FILED

SUNNY STATE STUDIO LLC

2022 MAR 22 PM 2: 55

The Articles of Organization for this Limited Liability Company were filed on $\frac{05/21/2021}{1}$ and assigned Florida document number L21000237878 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FIRST COAST EXCHANGE LLC 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ City

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
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ffective date, if other than the d	late of filing:	(optional)	
an effective date is listed, the date must	be specific and cannot be prior to ck does not meet the applicab	date of filing or more than 90 days after filing.) Pursualle statutory filing requirements, this date will not	
record specifies a delayed effective is filed.	date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th of	lay after the
MARCH 17TH	2022		
1	/ 1 1 1 1	.•	
	SUIT -		
	ignature of a member or authori	zed representative of a member	

Typed or printed name of signee