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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

The C	Coastal Kind 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	ndence concerning this matter	to the following:			
		Lindsey Gray			
		Name of Person			
		The Coastal Kind			
		Firm/Company			
		37 Montclair Ave			
	<u></u>	Address			
		Santa Rosa Beach, FL 32459		2022 AUG 18 PM 3: 06 SECRETARY OF STATI	
	 	City/State and Zip Code			(MC)
		hopthecoastalkind@gmail.com		- HAR	
	E-mail address: (to be used for future annual report n	otification)	SSE R	
For further information of	oncerning this matter, please c	all:		ကြဟ္ ယ္	4
Lindse	y Gray	601 757-26 at ()	11	2E 06	
Name o	of Person		ime Telephone Num	ber	
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)	Certif Certifi	Filing Fee, icate of Status & ied Copy onal copy is enclosed)	
Mailing Addre		Street Address:	Saction		
Registration Division of 0		Registration S Division of C			
P.O. Box 632	-	The Centre of	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Coastal	Kind, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now apr I Liability Compan	y)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000238439</u>	y were filed on	May 21, 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company	here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," tl	ne designation "LLC" or t	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:			DZZ AUG 18 F
(Mailing address MAY BE A POST OFFICE BOX)			of STAT
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on ou	r records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	. ws.		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple	gree to act in th te performance	nis capacity. I furthe of my duties, and I	r agree to comply with the 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>	Address	Type of Action
AP	Jamielyn Craft	96 Beach View Dr.	□Add
		Inlet Beach, FL 32461	■ Remove
			Change
			□Add
			□ Remove
			Change SEC
			SECRETARY OF STALLAHASSEE. F
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			□Add
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filing the does not meet the applicable statutor	(optional) ng or more than 90 days after filing. ry filing requirements, this date) Pursuant to 605.0207
record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01	l a.m. on the earlier of: (b) Th	e 90th day after the
Pated August 15	, 2022		
	Lindsey Cay (202 15:16 CDT)		
	Signature of a member or authorized represe	entative of a member	.