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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Page: 1 of 4

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 : (845)425-0077 Phone : (845)818-3588 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:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COASTAL CAPITAL FUNDING LLC

Certificate of Status	0
Certified Copy	Ű
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Estimated Charge	\$25.00

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Help

JUN - 7 2022

K. Brumbley

Page: 2 of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL CAPITA	L FUNDING LLC
(Name of the Limited Liability Com (A Florida Limite	pans as it now appears on our records.) c Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 09/02/2021 and assigned
Florida document number <u>L21000392155</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li-	ability company here:
JML Coastal LLC	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LEC" or the abbreviation "L.E.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 offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	20
Navy Danieturad Office Address	
New Registered Office Address:	Enter Florida street address
	Florida

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.

New Registered Agent's Signature, if changing Registered Agent:

City

To: Florida Department of State

Page: 3 of 4 2022-06-07 14:23:

2022-06-07 14:23:13 GMT 18886118813

From: Vcorp Services,

## If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
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			□Retnove
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			∐Remove
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From: Vcorp Services,

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