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| ¹ (Requestor's Nam | e) |
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| PICK-UP WAIT | MAIL |
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| Special Instructions to Filing Officer: | |
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| Office Use | Only |



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Y. SCOTT

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|--|---|
| | ARTNERS, LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sul | omitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Bhargay V Mandaya | | 2021 OF SECR TAL |
| | GMAK PARTNERS, LLC | Name of Person | CT 25 PM C |
| | 22730 Cherokee Rose Pl | Firm/Company | 2021 OCT 25 PM 3: 06 SECRETARY OF STATE TALLAPASSEE. FL |
| | | Address | <u></u> m o |
| , | Land O Lakes, FL 34639 | | |
| | | City/State and Zip Code | |
| | bhargay921@gmail.com | | |
| , | | (to be used for future annual report notificat | on) |
| | oncerning this matter, please c | | |
| Bhargay Mandaya | | 813 4283767 at () | |
| Name o | f Person | Area Code Daytime Te | lephone Number |
| Enclosed is a check for the | ne following amount: | | |
| # \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I | Section orporations 7 | Street Address: Registration Section Division of Corpore The Centre of Talks 2415 N. Monroe St | ations nhassee |
| | | Tallahassee, FL 32 | 303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GMAK PARTNERS, LLC

| (Name of the Limited Liz (A Flo | ability Company as it now appears on our records.) orda Limited Liability Company) | |
|---|--|--|
| The Articles of Organization for this Limited Liabilit | y Company were filed on Oct 15th, 2021 | and assigned |
| Florida document number L21000450676 | . | |
| This amendment is submitted to amend the following | <u>r</u> . | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| COAST TO COAST CAPITAL, 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: | | <u> </u> |
| (Principal office address MUST BE A STREET AL | ODRESS) | 25 7 |
| | | % |
| | | SEE. SI |
| Enter new mailing address, if applicable: | | TR_ 0 |
| (Mailing address MAY BE A POST OFFICE BOX) |) | m o |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent: | | name of the new registere |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florid | |
| | Cig | Zip Code |
| New Registered Agent's Signature, if changing Regist | ered Agent: | |
| I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan | d complete performance of my duties, and I d agent as provided for in Chapter 605, F.S. tered office address, I hereby confirm that th | am familiar with and Or, if this document is |
| | If Changing Registered Agent, <u>Signature of Ne</u> | w 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 **Type of Action** Title Name Address _____ □ Add □ Change $\square Add$ Ç₽⊒∧dû 90 _ □Remove □ Change _____ □Remove □Remove _ □Change □∧dd □Change

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| Effective date, if an effective date i | f other than the slisted, the date must | date of filing be specific and | g: I cannot be p | rior to date | of filing or mo | re than 90 days | optional) after tiling) | Pursuant to | 5 605.02 |
| document's effec | inserted in this blo tive date on the De | partment of S | neer me app State's reco | rds. | umory ming | requirements | s, this date v | A III HOU O | : HStett |
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| | | Bha Signature of a r | rgav | Mana | dana | F | . <u>-</u> | | _ |
| i | | | | | | n a member | | | |
| | | i | BHARGAV | Z V MANI | DAVA | | | | |

Filing Fee: \$25.00