9/10/22, 2:08 PM

Division of Corporations

Florida Department of State

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COASTAL VIEW INSURANCE GROUP LLC

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COVER LETTER

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|----------------|-------------------------------|--|---|--|--|
| | gistration Se ision of Cor | | , 4 7 E | y 9 * | |
| SUBJECT: | | VIEW INSURANCE GROUP | PLLC | | |
| SOBJEXT | - | Name of Limited Liability Company | | | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return | i all correspo | indence concerning this matter | to the following: | | |
| | | Cheyenne Moseley | | | |
| | | | Name of Person | | |
| | | Legalzoom.com, Inc. | | | |
| | | · · · · · | Firm/Company | | |
| | | 104 N Brand Blvd 13th Fl | | | |
| | | | Address | | |
| | | Glendale, CA 91203 | | | |
| | | | City/State and Zip Code | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | |
| For further in | iformation co | oncerning this matter, please ca | alI. | | |
| Cheyenne M | loseley | | 800 773-0888 | | |
| Name of Person | | | at () Area Code Daytime | Telephone Number | |
| Enclosed is a | check for th | e following amount: | | | |
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MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ff. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>range</u> | d Liability Compa | iny as it now appears on our records.) Liability Company) | | |
|---|----------------------------------|--|---|--|
| 1. | A Pioridi Linned | выбилу Сонграну) | | |
| The Articles of Organization for this Limited Lia | ability Company | were filed on 05/31/2022 | and assigned | |
| Florida document number L22000247898 | · | | | |
| This amendment is submitted to amend the follow | wing: | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | |
| | | | | |
| The new name must be distinguishable and contain the wo | rds "Lamuted Lrabi | | | |
| Enter new principal offices address, if applica | ble: | 1515 BLACK ROCK TPKE SUITE 104 | | |
| (Principal office address MUST BE A STREET | "ADDRESS) | FAIRFIELD, CT | | |
| | | 06825 | | |
| | | | | |
| Enter new mailing address, if applicable: | | 1515 BLACK ROCK TPKE SUITE 104 | | |
| Mailing address MAY BE A POST OFFICE B | <u>(OX)</u> | FAIRFIELD, CT | | |
| | | 06825 | | |
| B. If amending the registered agent and/o registered agent and/or the new registered offi | r registered o ce address her | ffice address on our records, <u>e</u> : | nter the name of the ne | |
| Name of New Registered Agent: | | | 75 20 75 75 75 75 75 75 75 75 75 75 75 75 75 | |
| | 2000 PGA BLI | | E 3S | |
| New Registered Office Address: | | Enter Floridas treet address | | |
| New Registered Office Address: | | | (5 - 2) | |
| New Registered Office Address: | PALM BEACI | I GARDENS , Florida | 37408 N | |
| New Registered Office Address: New Registered Agent's Signature, if changing Re | | City | | |

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited hability

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 |
|--------------|--------------------|--|----------------|
| AMBR | Michelle Morris | | D Add |
| | | 1515 BLACK ROCK TPKE, STE 104 FAIRFIELD, CT 06825 | Remove |
| | | | ☐ Change |
| AMBR | ANTONIOS ANDRIOLAS | | |
| | | | Remove |
| | | 1515 BLACK ROCK TURNPIKE, Suite 104 FAIRFIELD, CT 06825 | ■ Change |
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| Page: 6 of 6 | 2022-09-10 12:16:15 PDT | LegalZoom.com, Inc. | From: Richard |
|--|--|--|--|
| mending any other informs | ition, enter change(s) here: (Attach a | dditional sheets, if necessary.) | |
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