L22000304301

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JIVISION OF CCHEORATION

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
Costal Acce	ess Group 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	ondence concerning this matter	to the following:	
	Daniel Brzycki		
		Name of Person	
	Coastal Access Group LLC	2	22 AUG 18 AM 11: 37
		Firm/Company	
	795 New York Ave		8
		Address	
	Palm Harbor FL 34683		: 37
		City/State and Zip Code	
	dan@upwellrealty.com	to be used for future annual report no	diffunction)
For further information c	encerning this matter, please c	·	ancauon)
Daniel Brzycki		262 416-8316 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 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		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Costal Access Group LLC						
(<u>Name of the Limited Lia</u> (A Flo	bility Company orida Limited Lia	as it now appears bility Company)	s on our reco	ord <u>s.</u>)		
The Articles of Organization for this Limited Liability Florida document number 1.22000304301	y Company w	were filed on $\frac{07/6}{2}$	07/2022		_ and as:	signed
This amendment is submitted to amend the following)- -					
A. If amending name, enter the new name of the l	imited liabili	ty company he	re:			
Coastal Access Group LLC						
The new name must be distinguishable and contain the words "I	Limited Liability	y Company," the de	esignation "l.	LC" or the abbre	viation "L	.L.C."
Enter new principal offices address, if applicable:						
Principal office address MUST BE A STREET AD	DRESS)				<u> </u>	C.
					2	
					UG	2
Catana and a siling address if annioables					8	
Enter new mailing address, if applicable:		·			## #	<u> </u>
<u> Mailing address MAY BE A POST OFFICE BOX)</u>	<u> </u>					- 8-4-
						<u> </u>
B. If amending the registered agent and/or registe agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:			ida street ada		t the ne	w registe
		City	 .	Florida	Zip Code	
New Registered Agent's Signature, if changing Registe	ered Agent:	•			•	
I hereby accept the appointment as registered age		erformance of	my duties,		iliar wi	th and

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
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			22 AG 18 CAMIL: 37
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
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	an the date of filing:ate must be specific and canno this block does not meet the Department of State's	t be prior to date of tilin le applicable statutory	g or more than 90 days at	tional) ter filing.) Pursuant to 60 his date will not be lis	5,020 ited a
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n effective date is listed, the c te: If the date inserted in cument's effective date or ecord specifies a delayed c	ffective date, but not an eff		a.m. on the earlier of:	(b) The 90th day afte	er the
te: If the date inserted in cument's effective date or			a.m. on the earlier of:	(b) The 90th day afte	er the