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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COAST LIFE LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coast Life LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as <mark>it now appears on our r</mark> Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number L22000308764	were filed on <u>07/11/20</u>	022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Livin' la Vida Coastal LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	··· 🖨
Enter new principal offices address, if applicable:	****	77 DE
(Principal office address MUST BE A STREET ADDRESS)		>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ANII: 23
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our records, <u>e</u>	enter the name of the new registere
Name of New Registered Agent:	10-011-0	
New Registered Office Address:	Enter Florida street e	iddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

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.

If Changing Registered Agent, Signature of New Registered Agent

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
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			E)Change
		- What are the same and a	□Add
			□Remove
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			□Remove
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			□Remove
			□Channe

		 		
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	9/9/9			
				
				
ective date, if other than the neffective date is listed, the date must te: If the date inserted in this ble nument's effective date on the De	be specific and cannot be p ick does not meet the ap	orior to date of filing or : plicable statutory fili		ing.) Pursuant to 605,0207
cord specifies a delayed effective s filed.	date, but not an effective	ve time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
_{led} 12/15	. 2022	 ·		
Mongan Mother				
0	signature of a member or a	inthorized representativ	e of a member	

Filing Fee: \$25.00