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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
| AUG 17 AUZ |
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Coastal Ventures P | roperty Management LL | C |
|--------------------|-----------------------|--------------------------------|
| | | |
| | | - |
| | | |
| | | |
| | | Art of Inc. File |
| | | LTD Parmership File |
| | | Foreign Corp. File |
| | | L.C. File |
| | , | Fictitious Name File |
| | | Trade/Service Mark |
| | | Merger File |
| | | Art. of Amend. File |
| | | RA Resignation |
| | | Dissolution / Withdrawal |
| | | Annual Report / Reinstatement |
| | | Cert. Copy |
| | | Photo Copy |
| | | Certificate of Good Standing |
| | | Certificate of Status |
| | | Certificate of Fictitious Name |
| | | Corp Record Search |
| | | Officer Search |
| | | Fictitious Search |
| Signature | | Fictitious Owner Search |
| 3 | | Vehicle Search |
| | | Driving Record |
| Requested by: SN | 08/16/22 | UCC f or 3 File |
| Name | Date Time | UCC 11 Search |
| | | UCC 11 Retrieval |
| Walk-In | Will Pick Up | Courier |

COVER LETTER

| Division of Corp | perations | | |
|-----------------------------|---|--|---|
| SUBJECT: <u>Coasto</u> | 1 Ventures Proper Name of Lim | ty Management (| LIC |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Ashle | Y Flatley Name of Person | |
| | <u>Coastal Ventu</u> | res Property Managety Firm/Company | unt LLC |
| | 7 Spanish Pine | : Way Address | |
| | | h FL 32174 City/State and Zip Code | |
| | ashley @ coa | stalventures. us to be used for future annual report notif | (ication) |
| For further information co | ncerning this matter, please co | | |
| Ashky Fla Name of | Hey Person | at (<u>904</u>) <u>315-89</u> Area Code Daytimo | 547 e Telephone Number |
| Enclosed is a check for the | following amount: | | |
| ☑ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Ventures Property Management LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Audit Control of the Control of | C | 1112 (3:52 | and signed |
|--|----------------------------------|--|-----------------------|
| The Articles of Organization for this Limited Liability | • | 11512022 | |
| Florida document number <u>L22000312221</u> | · | | 語馬二 |
| This amendment is submitted to amend the following: | | | TILL T |
| A. If amending name, enter the new name of the lin | nited liability company her | <u>æ</u> : | 至9:1 |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the de | signation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | <u>. </u> | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or register | | oords anter the no | me of the new registe |
| agent and/or the new registered office address here: | | cords, enter the na | me of the new registe |
| | | | |
| Name of New Registered Agent: | <u> </u> | | |
| New Registered Office Address: | | | |
| The state of the s | Enter Flori | da street address | |
| | | , Florida _ | Zip Code |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Register | ed Agent; | | |
| I hereby accept the appointment as registered agen | t and agree to act in this c | apacity. I further a | gree to comply with |
| provisions of all statutes relative to the proper and | complete performance of i | ny duties, and I an | ı familiar with and |

If Changing Registered Agent, Signature of New Registered Agent

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 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 |
|--------------|---------------------------------------|---------------------------------------|------------------|
| MGR | Kymberlee Nguyen LLC | 2800 S Peninsula Dr | 🗀 Add |
| | | Daytona Beach, Fr. 32118 | Orkemove |
| | | | □Change |
| MOR | Sammolly LLC | 1800 Speninsula Dr | E Xuu |
| | | Daytona Beach, Fr. 32118 | □Remove |
| | | | □ Change |
| | | | Dbb |
| | • | | ©Remove |
| | | | □Change |
| <u>.</u> | | | □Add |
| | | | □Remove |
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| | | · · · · · · · · · · · · · · · · · · · | □Add |
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| | | | □Remove |
| | | | Change |

Page 2 of 3

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| E. Effective date, if other than the date of filing: |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. |
| Dated August 11, 2022. |
| Dated August 11 , 2022. Muly Hatty Gignature of a member or authorized representative of a member |
| Ashley Flatley Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00