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SECRETARY OF STATE

TALLAHASSEE, FL

COVER LETTER

TO: Registration Se Division of Cor			
		TIAL PROPERTIES 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	ndence concerning this matter	to the following:	
	DARLTON WALKER HA	AJCK	
		Mame of Person Firm/Company Address IDA 32566 City/State and Zip Code ail.com ddress: (to be used for future annual report notification) please call: 240 3704009 at (
		Firm/Company	
	2849 PGA BLVD		
	NAVARRE FLORIDA 32		
		City/State and Zip Code	
	contactdarlton@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
DARLTON WALKER HAICK			
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres		<u> </u>	action
Registration S Division of C		~	
P.O. Box 632	=	The Centre of	•
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL COMMERCIAL & RESIDENTIAL PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on AUGUST 17 2022 and assigned Florida document number L22000363188 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	CARL Z LIKELY	6130 DENVER AVE PENSACOLA, FL 32526	= Add
			□Remove
			□Change
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Effective date, if other than the offer an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not n	neet the appli	icable statuto:	ng or more than ry filing requi	(option 90 days after frements, this	nal) iling.) Pursuant date will not b	to 605.020 be listed a
e record specifies a delayed effective rd is filed.	date, but not	an effective	time, at 12:0	l a.m. on the o	earlier of: (b)	The 90th da	y after the
Dated August 22		2022					
	Hai	:.————————————————————————————————————	·				
	Signature of a	member or auti	horized represe	intutive of a me	mbar		

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