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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Coastal Edge Heating and Cooling LLC Name of Limited Hability Company	<u> </u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John Romano Name of Person	
Coastal Edge Heating and Cooling LCC First Company	
89 Se 24th Ave	
Cross City FL 3032628 City/State and Zip Code	
Coastal Edge heat in a and cooling @ amail. Cum 12-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	_
Name of Person art 352, 262-90 S Name of Person Area Code Daytime Telepho	SECOL JAN 12 SECOL JAN 12 One Number LANA
Name of Person Area Code Daytime Telepho	ne Number C 7
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy Certi	S60.00 Filing Fig. Certificate of Spitus on Certified Copy
(additional copy is enclosed)	(additional copy is enclosed)

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

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

Coasta Edge Heats	na and Couling UC	
(Name of the Limited Lia (A Flo	hilly Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 420004502	y Company were filed on $\frac{10/19/200}{200}$	and assigned
This amendment is submitted to amend the following	*	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE <u>A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, enter the r	SE 22 maine of the new registered
Name of New Registered Agent:		PRY OF S.
New Registered Office Address:	Enter Florida street address	FEET SS
	, 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 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	Nicholas Romano	2141 Sullivan St	□Add
		2141 Sullivan St Sebring FL 33875	Remove
			[IRemove
			□ Add
			[]Remove
			□Change SEC TA
			TINHARY TANHARY
			SECRE JARY OF STATE TALLAHASSEE, FL
			□Add
			[]Remove
			□ Change
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		/							
		John	Romano Typed or print						