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COVER LETTER

legistration Se Division of Cor			
T: Coa	stal Cotta	ge Maintenan	ce: LLC
	Name of thing	bed Babany Company	
osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
turn all correspo	ndence concerning this matter	to the following:	
	Nanci	Name of Person	r.a.h
	Coastal	Lo Hage Mu Firm/Company	intence LLC
		r Sand La	
	\sim		
	N W t	Elech FL 3 City/State and Zip Code 206@gmailto be used for future annual eport not	ification)
rther information co		11	
O WALKS Name of	Person	at (334 34/3 Area Code Daytin	ne Telephone Number
ised is a check for th	e following amount:		
325.00 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 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Cottage Maintenance CCC

	Tronda thinned that the company		
eles of Organization for this Limited Liab locument number L 2200c Y	ility Company were filed on Oct 26, 20	> 22 and assigne	d
endment is submitted to amend the follow	ing:		
nending name, enter the new name of th	ne limited liability company here:		
name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."	
new principal offices address, if applicable	le:		
pal office address MUST BE A STREET	ADDRESS)		
new mailing address, if applicable:			
ng address <u>MAY BE A POST OFFICE BO</u>	DX)		
and/or the new registered office address b	istered office address on our records, <u>enter the na</u> here:)22 NC ECRE TALI	gistered
Name of New Registered Agent:		- 5 - 2 - 2 - 2	
New Registered Office Address:	Enter Florida street address . Florid a	PM 1: 40 OF STATI SEE, FL	-5
	City	Zip Code	

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and up the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is gifted to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

ing Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added ed from our records:

Manager	M	a	n	a	g	e	r
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= Authorized Member

Name	Address	Type of Action
Nuncy W Turman	153 Ds prey Lane	□Add
·	Santa Rosa Beach	ERemove
	FL 32459 US	
Philip N. Spam IV	668 Eden Drike Santa Rosa Beach	DAdd
, ,	Santa Rosa Beach	□Remove
	FL 32459	
		🗆 Add
		□Remove
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ive date is listed, the the date inserted i	nan the date of filing:date must be specific and can this block does not meet on the Department of State	inot be prior to date of t the applicable stat	of filing or more than 90) days after filing.) Pu	rsuant to 605.0207 I not be listed as
	effective date, but not an	effective time, at 1	2:01 a.m. on the ear	lier of: (b) The 90)th day after the
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·	2	2022.			
•	2	2622.			
•			presentative of a mem	per -	
Nov		nber or authorized rep	presentative of a mem	ber	

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