Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

Account Name : SNYDERBURN, RISHOI & SWANN

Account Number : I20070000142 : (407)647-2005 : (407)647-1522 Fax Number

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

Email Address: jkiefer@srslaw.net

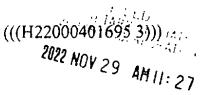
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COASTAL INCOME AND CAPITAL APPRECIATION FUND I, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 4 |
| Estimated Charge | \$25.00 |

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A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| COASTAL INCOME AND CAPITAL AF | • | |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------|
| (Name of the Limited Liab (A Flor | pility Company as it now appears on ida Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited Liability | Company were filed on October | 27,2022 and assigned |
| Florida document number L22000462969 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | mited liability company here: | |
| The new name must be distinguishable and contain the words "Li | imited Liability Company," the designa | tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | PRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our record | s, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida stre | et address |
| | Enter Franklu stre | |
| | City | , Florida |
| | | |

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, enter the title, name, and address of each person, being added or removed from our records: (((1122004010953)))

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------------|--------------------------------|-----------------------------------|
| MGR | COASTAL INVESTMENT COMP | 126 South Park Avenue, Suite C | |
| | | Winter Park, FL 32789 | ■Remove |
| | | | []Change |
| MGR | COASTAL VENTURES 1, LLC | 126 South Park Avenue, Suite C | ≣ Add |
| | | Winter Park, Fl. 32789 | □ Remove |
| | | | Change |
| | | | □Add |
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|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| D. If a | ending any other information, enter change(s) here: (Attach additional sheets, if necessiar). 19 | AH 11: 27 |
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| Not | ctive date, if other than the date of filing: (optional) (ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records. | nt to 605.0207 (3)(b) t be listed as the |
| If the re | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of filed. | lay after the |
| Dat | d November 29 | |
| | Signature of a member or authorized representative of a member | |
| | K. Michael Swann, Authorized Representative | |
| | Typed or printed name of signee | |

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