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COVER LETTER

Tallahassee, FL 32314

	Registration S Division of Co						
CHD IEZ		bes Restoration, LLC					
SOBJEC	SUBJECT: Name of Limited Liability Company						
The encle	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.				
		ondence concerning this matter					
		Michelle Thomas					
			Name of Person				
		Coastal Vibes Restoration,	LLC				
			Firm/Company				
		2418 Gaillardia Road					
			Address				
		Jacksonville, Ft. 32211					
		crsolutions2023@yahoo.co	City/State and Zip Code				
			to be used for future annual report noti	fication)			
For furth	er information	concerning this matter, please c	all:				
Michelle	: Thomas		904 673-6810				
Name of Person		at () Area Code Daytim	e Telephone Number				
Enclosed	I is a check for	the following amount:					
□ \$25.	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 Addre		<u>Street Address:</u> Registration Sec	ction			
	Division of (Division of Cor				
	P.O. Box 63		The Centre of T	-			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Vibes Restoration, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000503404	were filed on 11/29/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ulity company here:	
Coastal Remediation Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liabi	hity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2418 Gaillardia Road	202 2
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32211	2023 FBB 7
Enter new mailing address, if applicable:	2418 Gaillardia Road	PH PH
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32211	2:
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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

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<u>Title</u>	Name	Address	Type of Action
·			🗆 🗆 🗆 🗆
			□Remove
			□Change
			□Add
			Remove
			□Change
******			□Add
,			□Remove
			□Change
			Dadd
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□ Change

February 03 February 03 Signature of a member or authorized representative of a member Michelle Thomas						
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