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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01/31/23

NAME: 536 INTERCOASTAL LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section Division of Corporations

536 INTERCOASTAL LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Scott Levine Name of Person RENNERT VOGEL MANDLER & RODRIGUEZ, P.A. Firm/Company 100 SE 2nd Street, 29th Floor Address Miami, FL 33131 City/State and Zip Code slevine@rvmrlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Levine Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JAN

536 INTERCOASTAL 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 Lia | ability Company were filed on 1/27/2023 | and assig |
|--|---|------------------------------|
| Florida document number L23000039959 | | |
| This amendment is submitted to amend the follo | | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| 536 INTRACOASTAL LLC | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liability Company," the designation "LL | .C" or the abbreviation "L.L |
| Enter new principal offices address, if applica | ible: | |
| (Principal office address MUST BE A STREET | TADDRESS) | _ |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re agent and/or the new registered office address | gistered office address on our records, <u>ente</u> | r the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addr | |
| | , F | Torida |
| | 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 comple provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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 tifle, name, and address of each person be or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of |
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| Note: If the date | if other than the date of filing: |
| the record specifies cord is filed. | a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after |
| Dated | January 31 2023 |
| | Signature of a member or authorized representative of a member |
| | regererate in a member of manifestation of the property of the investigation |
| | TT LEVINE |

Filing Fee: \$25.00