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Registration Section

TO:

Division of Co	rporations		
SUBJECT: Coastal Ya	ard Systems, LLC		
SUBJECT:		nited Liability Company	
The analogod Articles of	Amendment and fee(s) are sub	emitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	Verbon D. Scott, Jr		
		Name of Person	7.1. 2.2.5
	Coastal Yard Systems, LL	C	
		Firm/Company	
			· · ·
	3199 Sopchoppy Highway		
		Address	2001 FEB 19 MAII: 24
	e I ei 13259		0) 4
	Sopehoppy, FL 32358	City/State and Zip Code	
	waterdog.ds@gmail.com	onymine and rap code	
		to be used for future annual report noti-	fication)
For further information of	concerning this matter, please c	all:	
Verbon D. Scott		at (850) 251-2294	
Name (of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
= \$25.00 Filling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Addres	ss:	Street Address:	
Registration Section		Registration Sec	ction
Division of C	•	Division of Cor	•
P.O. Box 6327		The Centre of T	
Tallahassee,	rl 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 32303
		rananassee, f L	シニンソン

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Yard Systems, 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 Liability Company were filed on $\frac{05/31/2023}{}$ and assigned Florida document number 1.23000265574 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Coastal Dewatering, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 9 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cire

, Florida

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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ord specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day	after the
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Yulm John Sent authorized r		
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Typed or printed name of signee