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Office Use Only



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C/ 8/13/2023

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations COASTAL REALTY INVESTMENT GROUP 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: Timothy Daniel Bruce Name of Person COASTAL REALTY INVESTMENT GROUP LLC Firm/Company 5994 Newport Village Way Address Lake Worth, Florida 33463 City/State and Zip Code timothybruce@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Timothy Bruce Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL REALTY INVESTMENT GROUP LLC

2023 JUL 10 AH 8: 39

(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 00/08/2023	
	were med on	and assigned
Florida document number L23000278326		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Maining dualess MAT BE AT OST OFFICE BO.Y		
and the second s		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records,	enter the name of the new registere
agent and/or the new registered office address here:		
agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, Enter Florida street	
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street	address . Florida
agent and/or the new registered office address here: Name of New Registered Agent:		address

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR Timothy Daniel Bruce	Timothy Daniel Bruce	5994 Newport Village Way	≣ Add
		Lake Worth, Florida 33463	□Remove
			Change
			□Remove
			□Change
			□Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _____ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated _ 07/06/23 Signature of a member or authorized representative of a member Timothy Daniel Bruce Typed or printed name of signee