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COVER LETTER

Division of Co			
LA COAS	TAL WOOD LLC		
SUBJECT:	Name of Lin	nited Liability Company	<u>.</u>
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LAZARO AVILA		
		Name of Person	
	LA COASTAL WOOD L	LC	
		Firm/Company	1210
	793 FITCH DR		
	Frie	Address	
	WEST PALM BEACH, F.		
		City/State and Zip Code	······
	lazaroavila331@gmail.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)
LAZARO AVILA		561 528-5475	
Name (of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ S25.00 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Mouroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA COASTAL WOOD LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{967}{2}$	21/2023 and assigned
lorida document number 1.23000298283	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company her	<u>-e</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	2024 JULI
nter new mailing address, if applicable:	Ö .
failing address MAY BE A POST OFFICE BOX)	
The state of the s	्रा
	✓n ✓l
. If amending the registered agent and/or registered office address on our re- gent and/or the new registered office address here:	cords, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	la street address
<u>-</u>	Florida
City	Zin 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 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
VP	Dennis Lazaro Avila Paneque	225 NW 6th St. Boca Raton FL 33432	——— ≒Add
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Effective date, if other than the date of filing: (optional)			
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Effective date, if other than the date of filing:			
Of 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. 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 ord is filed. Dated June 11th 2024 Signature of a member or authorized representative of a member	<u></u>		
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Signature of a member or authorized representative of a member	Dated	2024	
		W)	
LAZARO AVILA	1998-21-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00