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COVER LETTER

.

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor		•	
SUBJECT: Atlantic Co	pastline Investments LLC		
SUBJECT: ///		ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yolanda L. Reed	AD.	
		Name of Person	
	Atlantic Coastline Investm	ients LLC	
		Firm/Company	
	3810 Murrell Rd. STE #33		
		Address	
	Rockledge, Fl. 32955		
		City/State and Zip Code	
	yolanda@acinvestmentsonl E-mail address: (inc.com to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	
Yolanda L. Reed		at (321 Area Code Daytime	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9		Street Address: Registration Sect	tion
Division of C		Division of Corp	

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlantic Coastline Investments LLC				
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
•	Hity Company were filed on July 31, 2023	a	nd assig	gned
Torida document number <u>L23000324875</u>	·			
his amendment is submitted to amend the followi	ng:			
a. If amending name, enter the new name of th	e limited liability company here:			
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	e abbreviat	tion "L.L	.C."
Enter new principal offices address, if applicabl	e:			
Principal office address MUST BE A STREET A	ADDRESS)			
				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BO				
The state of the s				
3. If amending the registered agent and/or regi	stered office address on our records, enter the n	ame of t	he new	regist
gent and/or the new registered office address h			[2]	
		- •	=	
Name of New Registered Agent:			- 4	•
New Registered Office Address:		.: .		:
New Registered Office Address.	Enter Florida street address		7.50	
	. Florida			
-	, Florida		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.

	Certification of Sole Member
	The undersigned hereby agrees, acknowledgees and certifies that the foregoing Operating Agreement is
	adopted and approved by the Member as of the 5th day of October, 2023.
	Percent: 100%
	Address: 3810 Murrell Rd. STE #322. Rockledge, FL 32955
fan ei Note:	tive date, if other than the date of filing: [fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
reco Lis f	rd 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 iled.
ated	October 5 2023 Usland Li Road

Typed or printed name of signee