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TO:

TO: Registration Sec Division of Corp			
SUBJECT: A+	lautic Coas	Stal Realty L ited Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Tina Atlantic	Plasler Name of Person Doastal Realty Firm/Company	y, UC
	577 Port	ta Rosa Circle	>
	Saint Ad True bea	Justing FZ, Jity'State and Ziptode Sley @ Droton to to be used for future annual report noti	32092 nail. Com
For further information co	neerning this matter, please co	•	
Tina Name of	Basley	at (<u>904)</u> <u>687</u> Area Code Daytin	7-9544 ne Telephone Number
Enclosed is a check for the	following amount:		
□ \$25,00 Filing Fee	S30,00 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 Address: Registration So Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Se Division of Cor The Centre of T	porations
Tallahassee. Fl			e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF Parts 110

(A Flori	da Elmited Liability Company
The Articles of Organization for this Limited Liability Florida document number <u>L2300041</u>	Company were filed on 9772023 and assigned 80.97
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the line Atlantic Coastal The new name must be distinguishable and contain the words "Li	Real Estate IIC miled Liability Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	^3
(Principal office address MUST BE A STREET ADE	<u>DRESS)</u>
Enter new mailing address, if applicable:	<u>^</u>
(Mailing address MAY BE A POST OFFICE BON)	
New Registered Agent's Signature, if changing Register	Tina Beasley 577 Porta Rosa Circle Emer Florida street address H. Augustive Florida 32092 Circ Zip Code
provisions of all statutes relative to the proper and	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address. Thereby contirm that the limited liability

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> 1 itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	Tina Beasley	577 Porta Rosa Circle Saint Augustine, FI 32042	_ taxau
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Filing Fee: \$25.00