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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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2024 FEB -8 AH 8: 43 SECOLUSION SEE, FL TO: Registration Section **Division of Corporations** Coastal Life Properties Referral 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: Jennifer Clements Name of Person Coastal Life Properties Referral Group LLC Firm/Company 101 N Plumosa Street Address Merritt Island FL 32953 City/State and Zip Code jennelements1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 302-1430 Jennifer Clements Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

ARTICLES OF ORGANIZATION OF

| Coastal Life Properties Referral Group LLC | | |
|--|--|---------------------------|
| (Name of the Limited Liability (A Florida | y Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co Florida document number <u>L23000546365</u> | ompany were filed on 12/11/2023 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| The new name must be distinguishable and contain the words "Limit | ted Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR. | <u>ESS)</u> | |
| | | (3. 5) |
| Enter new mailing address, if applicable: | | 2024 FEB |
| (Mailing address MAY BE A POST OFFICE BOX) | | Latter 19 |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter the | name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | 1 |
| | City Florid | 1a Zip 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.

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------------|--|----------------|
| MGR | Jennifer Clements | 101 N Plumosa Street Merritt Island FL 32953 | = Add |
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| cument's effective date on the Department of State's records. | cord 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 s filed. | ted February 2 | . 202 | | | | | |
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