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COVER LETTER

TO: Registration S Division of Co						
COASTA	L POINTE REALTY GROUP	LLC				
SUBJECT:	Name of Lin	nited Liability Company				
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:				
	JESSICA AGUIAR					
		Name of Person		-		
		Firm Company		-		
	12924 WORCHESTERAY	VE				
		Address			:	
	TAMPA, FL 33624				(3)	
	Jessiva 8 E-mail address:	City/State and Zip Code 13 @ q m aul : 00 to be used for future annual report notifi	(cation)	OF STAT SSEE, FL	AM 8: 0	
For further information c	concerning this matter, please c	all:		1	_	
DAVID BYCK		561 350-9178				
Name c	of Person	at () Atea Code Daytime	Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status		
Mailing Addres Registration 5	Section	Street Address: Registration Sect	tion			
Division of C P.O. Box 632		Division of Corp The Centre of Ta				
		THE COUNT OF 10	municoec C			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL POINTE REALTY GROUP LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lia	Company as it now appears on ou mited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Com- florida document number <u>1.24000092268</u>	npany were filed on $\frac{02/21/202}{}$	4	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
he new name must be distinguishable and contain the words "Lumited	Liability Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>		
nter new mailing address, if applicable:		<u></u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		252	!*:
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		끄팅	− ∞ − <u>, − , − , − , − , − , − , − , − , − </u>
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	fice address on our records.	enter the name o	f the new regist
en and the new registered office address nere.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	t address	
		Florida	
	City		Zıp 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 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>	<u>Name</u>	Address	Type of Action
MGR	JESSICA AGUIAR	12924 WORCHESTER AVE	
		TAMPA, FL 33624	■Remove
			□Change
			□Add
			Remove
			DChange
			Add A COFF STATE Change
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Tective date, if other than the neffective date is listed, the date in the tee. If the date inserted in this cument's effective date on the	block does not r	neet the applica	o date of filing ble statutory f	or more than 90 d iling requireme	_ (optional) ays after filing.) ents, this date v	Pursuant to vill not be	605,02 listed
ecord specifies a delayed effect is filed.	ive date, but not	t an effective tin	ne, at 12:01 a.	m. on the earlie	er of: (b) The	90th day	after tl
JULY 17		. 2024	_ ·				
1	/	member or author					

Filing Fee: \$25.00