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COVER LETTER

Costal Tides Organics 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: Gary Esposito Jr. Name of Person Coastal Tides Organics LLC Firm/Company 1720 17th Way Address West Palm Beach FL 33407 City/State and Zip Code coastaltidesorganics@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gary Esposito Jr. Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address:

TO:

Registration Section **Division of Corporations**

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Costal Tides Organics LLC | | |
|--|---|------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) .iability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on | _ and assigned |
| Florida document number 1.24000103401 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| Coastal Tides Organics LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | 1720 17th Way West Palm Beach Fl 33407 | |
| (Principal office address MUST BE A STREET ADDRESS) | | ?3 |
| | | 2025 (1/15) |
| | | المد. م |
| Enter new mailing address, if applicable: | 1720 17th Way West Palm Beach Fl 33407 | |
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| Mailing address MAY BE A POST OFFICE BOX) | | ć÷ |
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| B. If amending the registered agent and/or registered office a | address on our records enter the name (| • |
| seent and/or the new registered agent and/or registered office address here: | dures on our records, enter the name of | Title Herr regis |
| | | |
| Name of New Registered Agent: | | |
| The VIII of the Manager Control | | |
| New Registered Office Address: | Enter Florida street address | |
| | Enier r ioriaa street aaaress | |
| | , Florida | Zip Code |
| | City | zīp 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 |
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