(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 Phone : (775)329-7721 : (775)376-9207

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

amoldcoastalsolutions@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARNOLD COASTAL SOLUTIONS, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

F. LETTEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· **		
TARNOLD COAS	STAL SOLUTIONS, LLC	
(A Florida Lie	omnany as It now annears on our records.) nited Liability Company)	
	221.2121	
The Articles of Organization for this Limited Liability Com	pany were filed on 09/13/24	and assigned
Florida document number L24000400916		
1 Dish Program (minote		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	llability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
	00444	
Enter new mailing address, if applicable:	304 Kramer Rd	
(Mailing address MAY BE A POST OFFICE BOX)	Pasadena, MD 21122	
		021
		RP .T
B. If amending the registered agent and/or register	ad affice address on our records as	II II
registered agent and/or the new registered office address		ω :
registered agent and of the new tegistered outer address	, 114.C.	- D T
		= ;
Name of New Registered Agent:		<u> </u>
		2.5
New Registered Office Address:	Enter Florida street address	.; 9
	THE CHANG THE HOUSE	
	, Florid	
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

• From Corporate Service Center Inc 1.702.507.9682 Mon Sep 23 12:54:06 2024 MDT Page 3 of 4

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

Title	Name	Address	Type of Action
			D Add
			□ Remove
			D Change
			🗖 Add
			_ □ Remove
			_ □ Change
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
·····			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ote	ctive date, if other than the date of filing: N/A (optional) flective 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 a ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	September 23 , 2024.
	Signature of a member or authorized representative of a member
	Bring Arnold
	Brian Arnold

Page 3 of 3

Filing Fee: \$25.00