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TALLAHASSEF, F)

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COASTA ELLE LIAB ESTATE LC 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:
Coastal Elite La Estate LC Firm/Company
4519111 BNO Address
City/State and Zip Code Costal Luttine (Domail Com 1:-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (29) 233-17 84 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \\$30.00 Filing Fee & Certificate of Status \$\Bigsquare \text{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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastalcuti la Esta	to LCC			
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company))			
The Articles of Organization for this Limited Liability Company were filed on St. 125, 2001 and assigned Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company l	here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "L.L.C." or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	,, R			
(Principal office address MUST BE A STREET ADDRESS)	2021 S			
	<u>- Ö</u>			
	30 P			
Enter new mailing address, if applicable:	50 - To			
(Mailing address MAY BE A POST OFFICE BOX)	C.C. CO.			
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new register			
Name of New Registered Agent:				
New Registered Office Address:				
Enter Fl	lorida street address			

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.

City

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	Angelas Prescott	1017 Adeline, tre	□Add
		1017 Adeline, tre Lehigh deres 7133971	Ж Rепюче
			□Change
W P	Mauzela Diaz	11048 County Rd 72	□ Add
		Labelle 7133935	Remove
			DChange
			□ Add
			□Remove
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(If an eff Note:	ive date, if other than the date of filing:
the recor	d 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 led.
Dated	September 21° 2004.
(Signature of a member or authorized representative of a member
	Labora M. Udt Typed or printed name of signee