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Jame Chang

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COVER LETTER

Registration Section Division of Corporations

COASTAL MILL GREEN FUND IX, LLC

N	And I lightling Commencer	
Name of Lim	ted Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
K. MICHAEL SWANN, E	SQUIRE	
-	Name of Person	
SNYDERBURN, RISHOI	& SWANN, LLP	
	Firm/Company	
1920 NORTH ORANGE	AVE., SUITE 200	
	Address	
ORLANDO, FL 32804		
	City/State and Zip Code	
tyler@coastalinvco.com		202
E-mail address: (to be used for future annual report notification)	
oncerning this matter, please c	all:	· · · · · · · · · · · · · · · · · · ·
	407 647-2005	
f Person	Area Code Daytime Telephone	024.739 -4 AM 9: 40
he following amount:		
□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasse	ee
	Amendment and fee(s) are substandence concerning this matter K. MICHAEL SWANN, E SNYDERBURN, RISHOI 1920 NORTH ORANGE A ORLANDO, FL 32804 tyler@coastalinvco.com E-mail address: (concerning this matter, please concerning this matter, please concerning this matter of Status Section Corporations	SNYDERBURN, RISHOI & SWANN, LLP Firm/Company

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL MILL GREEN FUND IX, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on o iability Company)	ur records.)
rticles of Organization for this Limited Liability Company	were filed on 10/24/20	224 and assigned
a document number L24000452300		
mendment is submitted to amend the following:		
amending name, enter the new name of the limited liabi	lity company here:	
STAL MILL GREEN QC FUND IX, LLC		
wname must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	tion "LLC" or the abbreviation "L.L.C."
new principal offices address, if applicable:		
cipal office address MUST BE A STREET ADDRESS)		
		021
new mailing address, if applicable:		4.3 65
••		l isra
ng address MAY BE A POST OFFICE BOX)		
		Day 1 1
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amonding the registered agent and/or registered affice a	ddwoco on our rozorz	is anter the name of the new regis
	ddress on our record	,
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and/or the new registered office address here:	ddress on our record	is, enter the name of the new regis
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and/or the new registered office address here:		is, enter the name of the new regis
nand/or the new registered office address here: Name of New Registered Agent:	ddress on our record	is, enter the name of the new regis
	Enter Florida sti	is, enter the name of the new regis
Name of New Registered Agent: New Registered Office Address:		is, enter the name of the new regis
and/or the new registered office address here: Name of New Registered Agent:	Enter Florida sti	is, enter the name of the new regis

If Changing Registered Agent, Signature of New Registered Agent

ending Authorized Person(s) authonoved from our records:	orized to manage, <u>enter the title, name, and</u>	d address of each person being added
:= Manager R = Authorized Member		
<u>Name</u>	<u>Address</u>	Type of Action
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d specifies led.	a delayed eff	ective date, but r	not an effectiv	e time, at 12:0)1 a.m. on the ea	arlier of: (b)	The 90th day a	ifter the
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	51119	Signature of ANN, ESQUIRI		uthorized repres	sentative of a mer	nber	<u> </u>	-

Filing Fee: \$25.00