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(Ad	dress)	
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(Do	cument Number)	<u> </u>
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July

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: COastal Mitigations, Inc.				
DOCUMENT NUMBER: 4900032558				
The enclosed Articles of Amendment and fce are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Share Sound Name of Contact Person				
Coastal Mitigations, Inc				
7419 Sea mist Dr.				
PORT Charlotte F 33981 City/ State and Zip Code				
Meather @ Coastain tigations. com				
For further information concerning this matter, please call:				
Heather Sovan av ay1, 474-3439				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment Section				
Division of Corporations Division of Corporations				

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Coastal mitigations	3 Inc.			
(Name of Corporation	as currently filed with	the Florida Dept. of State)		
<u> 10900032558</u>				
(Documen	nt Number of Corporation	n (if known)		
Pursuant to the provisions of section 607.1006. Florida S its Articles of Incorporation:	tatutes, this <i>Florida Pro</i>	fit Corporation adopts the fo	llowing amendme	ent(s)
A. If amending name, enter the new name of the corp	oration:			
			The new	A?
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc." or "Co". A pro		the abbreviation	11
B. Enter new principal office address, if applicable:	FIG.)			
(Principal office address <u>MUST BE A STREET ADDR</u>	<u></u>		, is	
	-,			.1.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			7	F-7"
(Trans.	F1
				1.40
	 	· - · · · · · · · · · · · · · · · · · · ·	19.30s	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Flori	da, enter the name of the		
Name of New Registered Agent				
	(Florida street address)	TOTAL MARKET		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I a	ered Agent: on familiar with and acco	ept the obligations of the pos	ition.	
Signatu	re of New Registered Ag	gent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President: V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	T	MikasSoran	11410 Starflower Englewood Fe
Add			Englewood fi
Remove	T	Chad Beicher	5225 Vell . 00
2) Change Add		CHACIPETTICR	Sarasola F
Remove			34233.
3) Change			
Add Remove			
4) Change			
Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	·
f an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

11/-1.00	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 4/2/18	
(no more than 90 days o	fter amendment file date)
Note: If the date inserted in this block does not meet the applicable stated ocument's effective date on the Department of State's records.	lutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The numbe by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voi must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffic	ient for approval
by(voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
Dated 4/2/18	
Signature Mane he	
(By a director, president or other officer - if	
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
Share Ju	100
(Typed or printed name of	'person signing)
President	
(Title of person	n signing)