P14000081972

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COVER LETTER

Division of Corporations COAST COMPANY INC. NAME OF CORPORATION: ___ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: COAST COMPANY INC.

Firm/Company

O S.W. 40 Ave.

Address

Davie, FL 33314

City/State and Zip Code

Ce': Costacarlos 2000@yahoo.com.ar ail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$52.50 Filing Fee **□\$43.75** Filling Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

✓ Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of
COAST COMPANY, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P14000081972
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) MAY BE A POST OFFICE BOX
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent NA - Same
New Registered Office Address: New Registered Office Address: New Registered Office Address New Registered Office Addre
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. NA — Same
Signature of New Registered Agent, 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 <math>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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	S Alicia Ferreira	5140 S.W. 40 AVE TC Davie, FL 3331
X Add		* [C 22 2 1]
Remove		Davie /FL 3331
2) Change	NA	
Add		
Remove	1	
3) Change	NIA	
Add		
Remove		
4) Change	N/A	
Add		
Remove	\	
5) Change	NA	
Add		***************************************
Remove	Δ	
6) Change	NIA	
Add		
Remove		

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<u>it provides for an exc</u>	change, reclassific	ation, or cancel	<u>lation of issued sl</u>	nares,
implementing the am	endment if not co	ntained in the a	mendment itself:	
icable, indicate N/A)	1/1/2	,		
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	nt provides for an exc implementing the am licable, indicate N/A)	implementing the amendment if not co	implementing the amendment if not contained in the a	nt provides for an exchange, reclassification, or cancellation of issued slimplementing the amendment if not contained in the amendment itself:

The date of each amendment(s) at date this document was signed.		if other than the
Effective date if applicable:	Same as date of signing	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	block does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by NA	(voting group)	
, .	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
Dated	an. 15, 2016	
selected	director. Wesident or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	