L19000071400

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2022 SEP 19 AM 8: 45 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO:	Registration So Division of Con		•			
CUDIE		AST ÅDVISORY PARTNERS	,II.C			
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	return all correspo	ondence concerning this matter	to the following:			
		RYAN S. KEARNS				
			Name of Person			
		GULF COAST ADVISOR	Y PARTNERS, LLC			
			Firm/Company			
		3853 NORTHDALE BLV	D SUITE 308			
			Address			
		TAMPA, FL 33624				
			City/State and Zip Code			
	rskearns t@gmail.com					
		E-mail address: (to be used for future annual report notification)			
For furt	her information o	oncerning this matter, please ca	all;			
RYAN	S. KEARNS		813 540-3319 at ()			
	Name o	f Person	Area Code Daytime Telephone Nu	ımber		
Enclose	ed is a check for the	he following amount:				
■ \$2 5	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00) Filing Fee, tificate of Status & tified Copy itional copy is enclosed)		
	Mailing Addres		Street Address:			
	Registration S Division of C		Registration Section Division of Corporations			
	P.O. Box 632		The Centre of Tallahassee			
	Tallahassee		2415 N. Monroe Street, Sui	ite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULF COAST ADVISORY PARTNERS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/13/2019 and assigned Florida document number $\underline{L19000071400}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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.

Cin

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>	<u>Address</u>	Type of Action
MGRM	TINA HAMMOND	3853 NORTHDALE BLVD	≣ Add
		SUITE 308	□Remove
		TAMPA, FL33624	
·			□Add
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ective date, if other than the an effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	ck does not meet the ap	prior to date of filing or n pplicable statutory filir	(optional) nore than 90 days after filing.) P ng requirements, this date w	tursuant to 605.0207 ill not be listed as
cord specifies a delayed effective s filed.	date, but not an effect	ive time, at 12:01 a.m.	on the earlier of: (b) The s	X)th day after the
ed September 15	2022	·		
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	Gonature of a member or	authorized representative	of a member	