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(F	Requestor's Name)	
(A	(ddress)	
(A	iddress)	
	Y. 101-1-17: (D)	<u> </u>
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	_	
(E	Business Entity Name)	
`	• •	
(C	ocument Number)	
Certified Copies	Certificates of	Status

Special Instructions to Filing Officer:

DEC 2 1 2010

EXAMINER

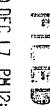
Office Use Only .



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12/17/10--81007--016 **25.00







COVER LETTER

Division of Corporations					
SUBJECT: COLF COAST RESTORATION SERVICE, LLC 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:					
Name of Person GULF COAST RESTORATION SERVICE, LLC Firm/Company					
17061 ALICO COMMERCE CT #101 Address					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (234) 267-9400 Area Code & Daytime Telephone Number					
Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fec Satus Signal					

MAILING ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	ر			
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	<u>aur records.</u>)			
The Articles of Organization for this Limited Liability Company were filed on Juy	28,20	ه <u>3</u> aı	nd assi	gned
Florida document number <u>L03000027563</u> .				
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 end with the words "Limited Liability Company," "L.L.C."	he designation '	'LLC" c	r the ab	breviation
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 registered agent and/or the new registered office address here:	ecords, enter	the na	me of	the new
Name of New Registered Agent: Keun Whire		TALL	<u>425</u>	
New Registered Office Address: 11360 Lake Cypress	<u>L007</u>) <u>EC</u>	
Enter F	lorida street aa	aress	_ 	E CHARLES
FT. Myens City	, Florida	کرون Zip	<u>TLS</u> Gode	
New Registered Agent's Signature, if changing Registered Agent:		TATE ORIĐA): L 7	4.50
I hereby accept the appointment as registered agent and agree to act in this capacithe provisions of all statutes relative to the proper and complete performance of maccept the obligations of my position as registered agent as provided for in Chapte being filed to merely reflect a change in the registered office address, I hereby company has been notified in writing of this change.	y duties, and l er 608, F.S. Or	am fan ; if this	niliar i docum	with and nent is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
MGRM	Shepand Grubbs	17061 AUCO COMMENCE CT #101 PT. Myens, FL 33967	_ À Add ☐ Remove
_ 			Add Remove
			Add Remove
			Add Remove
			Add Remove
·			Add Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	_
_			- -
	12-10 20	> (O	- -
Dated			

Page 2 of 2

Filing Fee: \$25.00