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G. MCLEOD

DEC - 7.2009

EXAMINER

NO \$

COVER LETTER

Division of Corporations						
SUBJECT:	GULF COAS	T CONSULTING LLC				
		ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matte	er to the following:				
	<u></u>	ERIN DOUGHERTY				
		Name of Person				
	GULF	GULF COAST CONSULTING LLC				
		Firm/Company				
	12	12123 HIDDEN LINKS DR				
	-	Address				
•	FC	ORT MYERS, FL 33913				
		City/State and Zip Code				
	F-mail address:	ejd@flanutrition.com to be used for future annual report no	stification)			
For further information of	concerning this matter, please	•	on Carony			
ERIN	DOUGHERTY	at (_239)	850-8431			
Name o	of Person		ime Telephone Number			
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS:		STREET/COU	RIER ADDRESS:			

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

TO:

Registration/Section)

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

ARTICLES OF AMENDMENT

	10	DI SECRET	FILFO
	ARTICLES OF ORGANIZATI	ONVISION OF	RYOF
	\mathbf{OF}	09.000	CORPORATE.
		09 DEC -4	AMI
	OOLI COAGI CONGOLIMOI		
(Name	of the Limited Liability Company as it now appear	rs on our records	.)
	(A Florida Limited Liability Company)		_

The Articles of Organization for this Limited Liability Company	were filed on	8/20/2004	and assigned
Florida document numberL0400062072			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "I	LC" or the abbreviatio
Enter new principal offices address, if applicable:	15880 SUMMERLIN RD, SUITE 300-305		
(Principal office address MUST BE A STREET ADDRESS)	FORT MYER	RS, FL 33908	
			·····
Enter new mailing address, if applicable:	niling address, if applicable: 15880 SUMMERLIN RD, SUITE		E 300-305
(Mailing address MAY BE A POST OFFICE BOX)	FORT MYERS, FL 33908		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	fice address on e	our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address , Florida		
	City		Zip Code

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 608, 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.

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

MGRM = Managing Member **Title Address Type of Action Name** MGRM **EVA PARSONS** 15880 SUMMERLIN RD ✓ Add SUITE 300-305 ☐ Remove FORT MYERS, FL 33908 ☐ Add ☐ Remove ☐ Add ☐ Remove Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **NOVEMBER 9** 2009 Dated Signature of a member or authorized representative of a member **ERIN DOUGHERTY** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00