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(Re	equestor	s Name)	
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TRANSMITTAL LETTER

	istration Section ision of Corporations								
SUBJECT:	Gulf Coast Insurance Group, 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:								
	Lisa Lamb (Name of Person)								
	Tax, Accounting, & Financial Associates, Inc. (Firm/Company)								
809 Walkerbilt Road, Suite 5 (Address)									
	Naples, FL 34110 (City/State and Zip Code)								
For further in	nformation concerning this matter, please call:								
	Lisa Lamb at (239) 591-433 PS (Area Code & Daytime Telephon Number)								
Finclosed is a c	check for the following amount: Ing Fee								
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314								

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gulf Coast Insurance Group, LLC

	(A Flori	da Limited L	iability Company)			
FIRST:	The Articles of Organization were file document numberL050000313	ed on	03/28/2005	and assign	ned	
SECOND:	The following amendment(s) to the liability company:	he Articles	of Organization	was/were adopte	ed by the limite	d
ART	ICLE IV					
Mana	agement is to be change	ed to:				
234: Nap: Albe 2560 Nap: Vero 2560	ert Doria, Jr. 5 Stanford Ct., Suite 6 les, FL 34112 ert Doria, Sr. 6 Golden Gate Blvd. les, FL 34117 enica Doria 7 Golden Gate Blvd. les, FL 34117 enica John Gate Blvd. les, FL 34117	502	₹	SECRETARY (ALLAHASSEE コ	S SEP 21	رمعن
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	Signature of a membe	er or authoriz	ed representative of	a member		
	Albert D	or printed r	Tt.			
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Filing Fee: \$25.00