

L05 0000 96372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

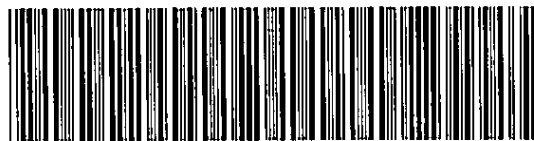
(Business Entity Name)

(Document Number)

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12/30/20
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULFSTREAM USA, 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:

JOHN T. CORCIA
Name of Person

GULFSTREAM USA, LLC
Firm/Company

706 VOYAGER LANE
Address

NORTH PALM BEACH FL 33410
City/State and Zip Code

STABLEXC@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN T. CORCIA at (561) 762.8580
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GULFSTREAM USA 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 30 SEPT 2005 and assigned Florida document number L05000096372.

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 "L.L.C."

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)

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☒ **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

_____, 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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amerging 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>	<u>Type of Action</u>
AMBR	DIANNE B. CORCIA	367 EAGLE DRIVE	<input type="checkbox"/> Add
		JUPITER, FLORIDA 33477	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	JOHN T. CORCIA		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		ADDRESS CORRECTION:	
		706 VOYAGER LANE, NO. PALM BEACH,	<input checked="" type="checkbox"/> Change
		FLORIDA 33410	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CORCIA, CHRISTOPHER RYAN		<input type="checkbox"/> Add
	c/o JOHN T. CORCIA		
		ADDRESS CHANGE:	<input type="checkbox"/> Remove
		706 VOYAGER LANE	
		NORTH PALM BEACH, FL 33410	<input checked="" type="checkbox"/> Change
AMBR	CORCIA, TRENT JOHN		<input type="checkbox"/> Add
	c/o JOHN T. CORCIA		
		ADDRESS CHANGE:	<input type="checkbox"/> Remove
		706 VOYAGER LANE	
		NORTH PALM BEACH, FL 33410	<input checked="" type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11.13.2020

Paul O. Cordia

Signature of a member or authorized representative of a member

JOHN T. CORCIA
* Typed or printed name of signee