

L070000 94621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

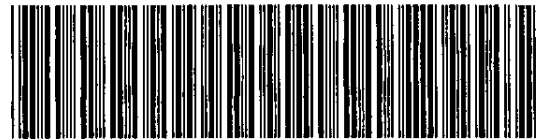
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 24 2016

YES

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GULF COAST FREIGHT DELIVERY, 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:

LYLE BOPPRE

Name of Person

GULF COAST FREIGHT DELIVERY, LLC

Firm/Company

4333 WYCLIFF DR

Address

PENSACOLA FL 32514

City/State and Zip Code

gulf coast freight delivery @ yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYLE BOPPRE

at ( 850 ) 530-2936

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
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**

GULF COAST FREIGHT DELIVERY, 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 SEPTEMBER 18, 2007 and assigned Florida document number L07000094621.

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:

4333 WYCLIFF DR

**(Principal office address MUST BE A STREET ADDRESS)**

PENSACOLA FL 32514

Enter new mailing address, if applicable:

4333 WYCLIFF DR

**(Mailing address MAY BE A POST OFFICE BOX)**

PENSACOLA FL 32514

**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:

LYLE BOPPRE

New Registered Office Address:

4333 WYCLIFF DR

*Enter Florida street address*

PENSACOLA

*City*

, Florida 32514

*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.*



**Changing Registered Agent, Signature of New Registered Agent**

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>	<u>Type of Action</u>
MGRM	GILBERT L RICHARDS	1060 BREEZY ACRES RD	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		PENSACOLA FL 32534	<input type="checkbox"/> Change
MGRM	BARBARA A RICHARDS	1060 BREEZY ACRES RD	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		PENSACOLA FL 32534	<input type="checkbox"/> Change
MGRM	LYLE J BOPPRE	4333 WYCLIFF DR	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		PENSACOLA FL 32514	<input type="checkbox"/> Change
MGRM	LYDIA M BOPPRE	4333 WYCLIFF DR	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

OCT 21 2011  
 TALLAHASSEE, FLORIDA  
 DEPARTMENT OF STATE

ALLAHASSEE, FLORIDA  
JULY 21 1922

16 OCT 21 PM 22 29  
ALLAHABAD, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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 September 16, 2016.

Lyle Bopp Signature

Signature of a member or authorized representative of a member

Lyle Bopp

Typed or printed name of signee