

1080000 14685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

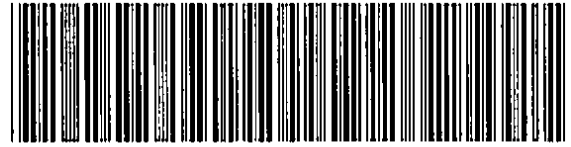
(Business Entity Name)

(Document Number)

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03/11/19--01025--009 ♦♦48.75

2019 MAR 26 AM 11:02
CLERK OF COURT
CLERK OF COURT

MAR 26 2019
CLERK OF COURT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gulf Coast Autosport 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:

Frank Trombino

Name of Person

Gulf Coast Autosport LLC

Firm/Company

6219 Clark Center Ave.

Address

Sarasota Florida

City/State and Zip Code

34238

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Trombino

941 922 3131

at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2019 MAR 26 AM 11:02
REGISTRATION SECTION
TALLAHASSEE, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gulf Coast Autosport LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 MAR 26 11:04
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF SARASOTA, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/08/2008 and assigned
Florida document number 108000014685

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)

Gulf Coast Autosport LLC

6219 Clark Center Ave

Sarasota Florida 34238

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Frank Trombino

775 Sarabay Rd.

Osprey Florida 34229

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:

Frank Trombino

New Registered Office Address:

6219 Clark Center Ave

Enter Florida street address

Sarasota

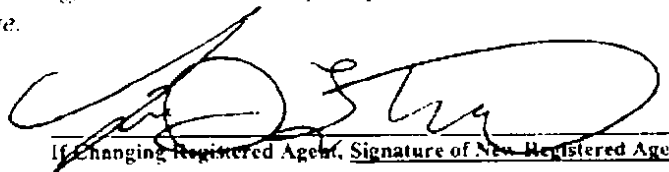
Florida 34238

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 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>
MGR	Frank Trombino	Frank Trombino	<input checked="" type="checkbox"/> Add
		775 Sarabay Rd	<input type="checkbox"/> Remove
		Osprey Florida 34229	<input type="checkbox"/> Change
AMBR	Cynthia Trombino	Cynthia Trombino	<input checked="" type="checkbox"/> Add
		775 Sarabay Rd.	<input type="checkbox"/> Remove
		Osprey Florida 34229	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

03/26/2019

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 26

2019

Signature of a member or authorized representative: _____

Frank J Trombino

Typed or printed name of signee