

L09000058647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

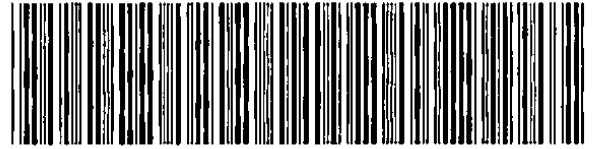
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 FEB 27 PM 4:08

19 FEB 27 AM 9:00

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
FEB 28 2019

|  |                                       |
|--|---------------------------------------|
|  | <b>Advanced Incorporating Service</b> |
|--|---------------------------------------|

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

|   |                            |
|---|----------------------------|
| <p>NAME OF ENTITY</p> <p>Gulf Coast Educators</p> <p>Insurance, LLC</p> | <p>FOR OFFICE USE ONLY</p> |
|---|----------------------------|

**PICK ONE:**

       CERTIFIED COPY    ✓ PHOTOCOPY           C.U.S.

**FILING:**

☐ CORPORATION    ☐ LLC    ☐ LIMITED PARTNERSHIP    ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME    ☐ SERVICEMARK/TRADEMARK    ☒ AMENDMENT  
☐ FOREIGN QUALIFICATION    ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

**RETRIEVAL:**

\_\_\_GOOD STANDING CERT/C.U.S. \_\_\_CERTIFIED COPY \_\_\_PHOTOCOPY

Of \_\_\_\_\_

**APOSTILLE/CERTIFICATION REQUEST:**

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 2/27/19 TIME           

**Notes:** \_\_\_\_\_

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

Gulf Coast Educators Insurance 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 06/17/2009 and assigned  
Florida document number L09000058647

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Gulf Coast Educators Insurance, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

4972 Royal Gulf Cir.

Fort Myers, FL 33966

**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 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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |

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MAR 27 1980  
FBI - MEMPHIS

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


Lined area for amending information.

FILED  
FEB 21 AM 9:00  
CLERK OF SUPERIOR COURT  
JANUARY 21, 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 February 27, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ron E. Defreitas, Jr.  
\_\_\_\_\_  
Typed or printed name of signee