L09000069436

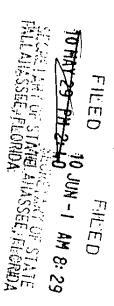
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S. HAWKES

JUN 0 2 2010

EXAMINER

COVER LETTER

'TO: 'Registration S -Division of Co				
SUBJECT:	Gulf Coas	st Insulation, LLC		
Soporti.		ted Liability Company	,	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		Name of Person		
	Gu			
	Firm/Company			
	63 S Stagecoach Rd			
		Address	•	
	DeF	uniak Springs, FL 32435		
		City/State and Zip Code		
	erin@	gulfcoastinsulation.com		
For further information	E-mail address: (concerning this matter, please of	to be used for future annual report notifically	cation)	
Tot larato momento.	concerning and matter, presses	•		
	rin LaGrosse	at (850) Area Code & Daytim	685-9709	
Name	of Person	Area Code & Dayting	e receptione 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)	
Regis Divis P.O.	LING ADDRESS: stration Section tion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Gulf Coast Ins	sulation, LLC			
(<u>Nam</u>	e of the Limited Liability Compa (A Florida Limited I.	ny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for	• • •	were filed on	July 17, 2009	and assigned	
Florida document number	L09000069436				
This amendment is submitted to	-	ility company bo			
A. If amending name, enter the	te new name of the nimited had	inty company nei	<u>ie</u> .	1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	
The new name must be distinguish "L.L.C."	able and end with the words "Limi	ted Liability Compa	any," the designation "L	LC" or the abbre liation	
Enter new principal offices ad	dress, if applicable:			500	
(Principal office address MUST	T BE A STREET ADDRESS)				
Enter new mailing address, if					
B. If amending the register registered agent and/or the ne			our records, <u>enter t</u>	ne name of the new	
Name of New Register	ed 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

MGRM	Erin LaGrosse- 51%		عشت السبه
		63 S Stagecoach Rd DeFuniak Springs, FL 32435	Add Emove
MGRM	Colby Anderson- 45%	513 Country Club Drive DeFuniak Springs, FL 32435	A A Remove
MGRM	Jon LaGrosse- 4%	63 S Stagecoach Rd DeFuniak Springs, FL 32435	Add Remove
			Add
			Add Remove
······································			Add Remove
	nding any other information, enter cha Erin LaGrosse- Ownership Percer	nage(s) here: (Attach additional sheets, if nec	essary.) Fig.
_	Colby Anderson- Ownership Percen	1 D ts	Lews 5
-		V	
Dated	Edol	2010 ber or authorized representative of a member COSSE ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00