

LD9000069436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

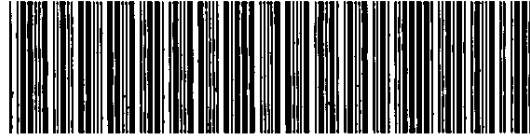
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2016 JUN 24 A 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

JUN 27 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2016

ERIN LAGROSSE
4557 REDBUD TRAIL
NICEVILLE, FL 32578

SUBJECT: GULF COAST INSULATION, LLC
Ref. Number: L09000069436

We have received your document for GULF COAST INSULATION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 716A00012388

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Coast Insulation, 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:

Erin LaGrosse

Name of Person

Gulf Coast Insulation, LLC

Firm/Company

4516 Highway 20 East PMB #227

Address

Niceville, FL 32578

City/State and Zip Code

erin@.gulfcoastinsulation.com

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

For further information concerning this matter, please call:

Erin LaGrosse

Name of Person

850 333-2999

at ()

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Gulf Coast Insulation, LLC

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

2009 JUN 24 A 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The Articles of Organization for this Limited Liability Company were filed on July 17, 2009 and assigned
Florida document number L9000069436.

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:

63 S Stagecoach Rd

(Principal office address MUST BE A STREET ADDRESS)

DeFuniak Springs, FL 32435

Enter new mailing address, if applicable:

4516 Highway 20 East

(Mailing address MAY BE A POST OFFICE BOX)

PMB#227

Niceville, FL 3278-9755

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:

Erin LaGrosse

New Registered Office Address:

4557 Redbud Trail

Enter Florida street address

Niceville

, Florida 32578

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> |
|--------------|-------------------------------|----------------------------|---------------------------------|
| MGRM | Erin LaGrosse- 51% Ownership | 4557 Redbud Trail | <input type="checkbox"/> Add |
| | | Niceville, FL 32578 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | Colby Anderson- 45% Ownership | 418 White Heron Drive | <input type="checkbox"/> Add |
| | | Santa Rosa Beach, FL 32459 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | Jon LaGrosse- 4% Ownership | 4557 Redbud Trail | <input type="checkbox"/> Add |
| | | Niceville, FL 32578 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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TALLAHASSEE, FLORIDA

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

Updating business mailing address as well as registered owners to ensure accuracy for current mailing addresses.

All ownership percentages and operations have remained the same.

Ownership percentages and operations agreement is:

Erin LaGrosse- 51% Ownership

Colby Anderson- 45% Ownership

Jon LaGrosse- 4% Ownership

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

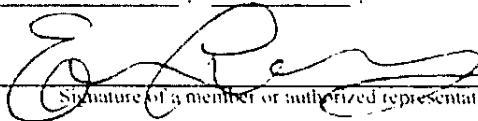
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 _____



Signature of a member or authorized representative of a member

Erin LaGrosse

Typed or printed name of signer

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TALLAHASSEE, FLORIDA