Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000133263 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-5383

From:

Account Name : CARVER DARDEN Account Number: 120070000116 Phone : (850)266-2300 Fax Number : (850)266-2301

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GULF COAST COMMERCIAL JANITORIAL SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	
Estimated Charge	\$25.00

JUN 08 2015

Electronic Filing Menu Corporate Filing Menu Holshivers

COVER LETTER

TO:		istration Sec ision of Corp				
SUBJE		GULF COA	ST COMMERCIAL JANITO	RIAL SERVICES LLC		
300JC	,C1:	, , , , , , , , , , , , , , , , , , , 	Name of Lim	ited Liebility Company		
The end	ciosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please (return	all correspon	ndence concerning this matter	to the following:		
			JoJo Nocus			
				Name of Person		
			GULF COAST COMMER	CIAL JANTTORIAL SE	RVICES LLC	
				Firm/Company		
			5330 Nashville Avenue			
				Address		
			Pensacola, Florida 32526			
				City/State and Zip Code		
			jojonocus@cox.net			war o't
		. 6		to be used for future annual:	report nontreadon)	
		Hombation co	oncerning this matter, please or			
JoJo N	ocus			850 776 et ()	6-6114	
		Name of	Person	Area Code	Daytime Telephone Nu	mber
Enclose	ed is a	check for th	e following amount:			
\$25	5.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.60 Filing Fee & Certified Copy (additional copy is and	Cert Cert (beace	0 Filing Pee. ificate of Status & ified Copy itional copy is enclosed)
		Registr Divisio	ING ADDRESS: ation Section n of Corporations ex 6327	Registrat	I/COURIER ADDRES ion Section of Corporations Suilding	5:

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassoc, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULF COAST COMMERCIAL J			
Grame of the Pim	(A Florida Limited !	inv 25 it now appears Liability Company)	un our records.)
The Articles of Organization for this Limited 1	lability Company	were filed on Aug	ust 7, 2009 and assigned
Torida document number L09000076021			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company her	:
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" o: the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	6330 Nashville A	venus
Principal office address MUST BE A STRE	ET ADDRESS)	Pensacola, Florida	32526
Enter new mailing address, if applicable:		6330 Nashville A	venue
Mailing address MAY BE A POST OFFICE	BOX	Fensacola, Florida	: 32526
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter the hame of the
Name of New Registered Agent:	JoJo Nocus		
New Registered Office Address:	6330 Nashville	. Avenue	
		Enter Florid	a street address
	Pensacole		, Florida = 32526
		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 Yew Registered Agent

4

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

ı , ,

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Patricia E. McGraib	412 E. Jackson Street	
		Pensacola, Florida	■ Remove
			☐ Add
			□ Remove
			Crange
			D Add
			Remove
			□ Change
· ·			
			□ Remove
			Change
			□ Add
			☐ Remove
			□ Change
			C Adć
			□ Remove

. . . .

Sective date, if other than the date of filling: an effective date is listed, the daw must be specific and car once: If the date inserted in this block does not mee occurrent's effective date on the Department of State				
tte: If the date inserted in this block does not mee ournent's effective date on the Department of State				
te: If the date inserted in this block does not mee curnent's effective date on the Department of State				
te: If the date inserted in this block does not mee curnent's effective date on the Department of State				
te: If the date inserted in this block does not mee curnent's effective date on the Department of State				
te: If the date inserted in this block does not mee curnent's effective date on the Department of State				
te: If the date inserted in this block does not mee curnent's effective date on the Department of State				
te: If the date inserted in this block does not mee curnent's effective date on the Department of State				
te: If the date inserted in this block does not mee curnent's effective date on the Department of State				
te: If the date inserted in this block does not mee curnent's effective date on the Department of State				
te: If the date inserted in this block does not mee curnent's effective date on the Department of State				——————————————————————————————————————
te: If the date inserted in this block does not mee cument's effective date on the Department of State				
te: If the date inserted in this block does not mee cument's effective date on the Department of State				
te: If the date inserted in this block does not mee cument's effective date on the Department of State				
te: If the date inserted in this block does not mee cument's effective date on the Department of State				
te: If the date inserted in this block does not mee curnent's effective date on the Department of State				
te: If the date inserted in this block does not mee cument's effective date on the Department of State				
te: If the date inserted in this block does not mee curnent's effective date on the Department of State				
te: If the date inserted in this block does not mee curnent's effective date on the Department of State				
te: If the date inserted in this block does not mee curnent's effective date on the Department of State				
من علام من المعالم الم	the applicable statutor	ing or more than 90 d ry filing requireme	_ (optional) lays after filing.) Fursuant ents, this date will not b	to 605.020 be listed a
record specifies a delayed effective dat The 90th day after the record is filed.	a, but not an effec	tive time, at 1.	2:01 a.m. on the e	earlier (
ted June 3,	2015			
Signature of a me	eber or authorized repres	entative of a member	ग	
Jaunito B. Nocus a	•			

Page 3 of 3

Filing Fee: \$25.00