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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

And
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R. WHITE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GULF COAST TRAINING SOLUTIONS 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:

STEPHEN GIBBINS

Name of Person

GULF COAST TRAINING SOLUTIONS LLC

Firm/Company

5051 CASTELLO DRIVE SUITE 242

Address

NAPLES / FLORIDA / 34103

City/State and Zip Code

INFO@EASALICENSE.COM

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

For further information concerning this matter, please call:

STEPHEN GIBBINS

239 643-4300

Name of Person

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

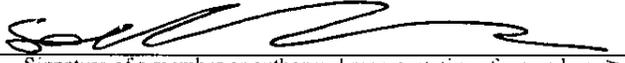
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEPHEN GIBBINS	280 ROBIN HOOD CIR APT 201	<input type="checkbox"/> Add
		NAPLES, FLORIDA, 34104	<input checked="" type="checkbox"/> Remove
MGR	STEPHEN GIBBINS	5051 CASTELLO DRIVE SUITE 242	<input checked="" type="checkbox"/> Add
		NAPLES, FLORIDA, 34103	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 24TH MARCH , 2015



Signature of a member or authorized representative of a member

STEPHEN GIBBINS

Typed or printed name of signee