

LI0000009000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

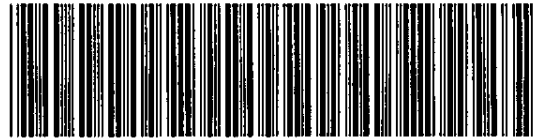
(Business Entity Name)

(Document Number)

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03/31/15--01006--002 **55.00

15 MAR 31 PM 1:09
TALLAHASSEE, FLORIDA

And
APR 20 2015
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

at (_____) _____

Name of Person

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

FILED
15 MAR 31 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GULF COAST TRAINING SOLUTIONS

(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 01/26/2010 and assigned
Florida document number L10000009090.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L L C"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5051 CASTELLO DRIVE SUITE 242

NAPLES, FLORIDA, 34103

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5051 CASTELLO DRIVE SUITE 242

NAPLES, FLORIDA, 34103

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:

STEPHEN GIBBINS

New Registered Office Address:

5051 CASTELLO DRIVE SUITE 242

Enter Florida street address

NAPLES

City

, Florida 34103

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 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

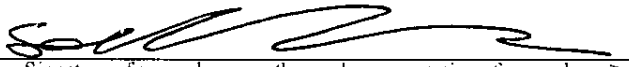
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEPHEN GIBBINS	280 ROBIN HOOD CIR APT 201	<input type="checkbox"/> Add
		NAPLES, FLORIDA, 34104	<input checked="" type="checkbox"/> Remove
MGR	STEPHEN GIBBINS	5051 CASTELLO DRIVE SUITE 242	<input checked="" type="checkbox"/> Add
		NAPLES,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