## 110000015180

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(Address)				
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**EXAMINER** 

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SECRETARY OF STATE
ANA SEFF FLORIDA

## **COVER LETTER**

**Registration Section** 

TO:

Division of Corporations				
SUBJECT:	GULFS	HORE 41, LLC		
SUBJECT:		ited Liability Company	<del></del>	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	spondence concerning this matter	r to the following:		
		JOHN PAULICH, III		
		Name of Person		
	PAULICH, SLACK & WOLFF, P.A.			
		Firm/Company		
	51	5147 CASTELLO DRIVE		
		Address		
	<del> </del>	NAPLES, FL 34103  City/State and Zip Code		
	AXFI	_FARESE@GMAIL.COM		
	E-mail address: (	to be used for future annual report no	otification)	
For further information	n concerning this matter, please of	call;		
	HN PAULICH, III	at (_239_)	261-0544	
Name	e of Person	Area Code & Day	time Telephone Number	
Enclosed is a check for	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	porations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULFSHOR	RE 41, LLS		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company  Florida document numberL10000015180			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	% Laurence Leppo		
(Principal office address MUST BE A STREET ADDRESS)	5051 Castello Drive, Suite 214		
	Naples, FL 34103		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	% Laurence Leppo 5051 Castello Drive, Suite 214		
	Naples, FL 34103		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:	## 10 TARE 10		
New Registered Office Address:	Enter Florida street addition SSS Florida		
New Registered Agent's Signature, if changing Registered Agent:	City Fibrida Fip Cale TO		
	Öri J		

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

MGR = Manager

MGRM = Managing Member Type of Action **Title Name** Address SERGE CAILLIEUX MGRM ✓ Add
☐ Remove 4031 Gulf Shore Blvd. N. #84 Naples FL 34103 ☐ Add Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 3-22-2010 Signature of a member or authorized representative of a member FARESE
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00