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ALLAHASSEE, FLORIE

D. BRUCE MAY - 4 2010 EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	Gulf Winds Re	eal Estate Group, LLC		
50.50			ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
Michael D. Tidwell			-		
			Name of Person		
			Michael D. Tidwell		-
			Firm/Company		
811 N		NORTH SPRING STREET			
			Address	٠,	
,	Pensacola, Florida 32501			高	
		City/State and Zip Code		AR H	
		mtidw F. mail address:	ell@emeraldcoasttitle.com	lification)	358 7
For fur	ther information	concerning this matter, please		imeation)	Y OF S
	Micl	hael D. Tidwell	at (850)	434-3223	2:5
	Name	of Person		me Telephone Numbe	
Enclos	ed is a check for	the following amount:			
▼ \$25	5.00 Filing Fec	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	ate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations Box 6327	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gulf Winds R	eal Estate Group), LLC
(Name of the Limited Liability (A Florida L	imited Liability Company))
The Articles of Organization for this Limited Liability Co. Florida document numberL10000018021	ompany were filed on _	February 17,2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company l	nere:
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Con	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	\$ 2
Enter new mailing address, if applicable:		10 MAY -3
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		নিজ জ
Name of New Registered Agent:		
New Registered Office Address:		Enter Florida street address
		, Florida
	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 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member Address **Type of Action** Title Name MGRM LISA TIDWELL 811 NORTH SPRING STREET Remove PENSACOLA, FL 32501 Add
Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member MICHAEL D. TIDWELL Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00