## L10000056366

(Re	questor's Name)			
	•			
(Ad	dress)			
•	ŕ			
	-1			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
_	_			
PICK-UP	☐ WAIT	MAIL		
		,		
(Ru	siness Entity Nar	ma)		
(Bu	Siliess Citily Ivai	ne,		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900192093049

01/21/11--01034--024 \*\*30.00

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Gulf Cogst Home 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:
David E. Stone Name of Person
David E. Stone  Name of Person  Gulf Coast Home Solutions L.C.  Firm/Company
8010 Sw Chester Pickron Rd. Address
Address
Youngstown Fla. 32466
Gity/State and Zip Code  Distorex 7 Direct Zero com  E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 876-0726  Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Gertificate of Status & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{\$\} \ \text{\$\} \ \text{\$\} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

Gulf Coast	Home	Solutions 6	i.L.C.
( <u>Name of the Limited Lia</u> (A Flo	ability Company as orida Limited Liabil	s it now appears on our rec ity Company)	ords.)
The Articles of Organization for this Limited Liabi	lity Company wer 6366	e filed on <u>5-25-</u>	/O and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the	e limited liability	company here:	
The new name must be distinguishable and end with th 'L.L.C."	ne words "Limited I	iability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET A	(DDRESS)		
	<del></del>		
			,
Enter new mailing address, if applicable:	<del></del>		
Mailing address MAY BE A POST OFFICE BO	<u></u>		
	-	······································	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
B. If amending the registered agent and/or negistered agent and/or the new registered office		address on our records	, enter the name of the new
registered agent and/or the new registered office	audress here.		
Name of New Registered Agent:			
New Registered Office Address:		·	
	Enter Florida street address		
<del>-</del>	<del></del>	<del></del>	orida
	Ci	ity	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 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					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
	Jeremy T.	Soft of Fla.	nC Add 32109 Premove		
1090 MGR	Steven Flu	nd Franklin 2000 Rd. Clorky 110 32430	Add Remove		
<del></del>	·		AddRemove		
			AddRemove		
			AddRemove		
			AddRemove		
D. If amo	ending any other informatio	on, enter change(s) here: (Attach additional she	eets, if necessary.)		
-			•		
Dated	1-19-11	· · · · · · · · · · · · · · · · · · ·			
	Signa	ture of a member of authorized representative of a member of authorized representative of a member of	nember		
		Typed or printed name of signee	<del></del>		

Page 2 of 2

Filing Fee: \$25.00