

L10000060803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

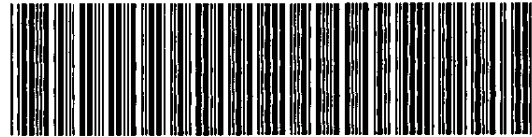
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900210223569

07/25/11--01039--018 **25.00

FILED
2011 JUL 25 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 26 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF COAST SOCIAL ADVENTURES 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:

STACY R ADAMS

Name of Person

GULF COAST SOCIAL ADVENTURES LLC

Firm/Company

151 INDUSTRIAL PARK RD

Address

DESTIN/FL 32541

City/State and Zip Code

gulfcoastmktg@gmail.com

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

For further information concerning this matter, please call:

STACY R ADAMS

Name of Person

at (**850**)

866-4678

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

2011 JUL 25 PM 2:52

GULF COAST SOCIAL ADVENTURES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/03/2010 and assigned
Florida document number L10000060803.

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)

STACY R ADAMS

151 INDUSTRIAL PARK RD

DESTIN, FL 32541

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

STACY R ADAMS

151 INDUSTRIAL PARK RD

DESTIN, FL 32541

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:

STACY R ADAMS

New Registered Office Address:

151 INDUSTRIAL PARK RD

Enter Florida street address

DESTIN

, Florida

32541

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.

Stacy R. Adams
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	STACY R ADAMS	151 INDUSTRIAL PARK RD DESTIN, FL 32541	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RENEE A SMITH	151 INDUSTRIAL PARK RD DESTIN, FL 32541	<input checked="" type="checkbox"/> Add <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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JULY 20, 2011

Stacy R. Adams
Signature of a member or authorized representative of a member
STACY R ADAMS
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL 25 PM 2:52

FILED