## L10000079560

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
LI-79560 (Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



400184093304

08/12/10--01004--009 \*\*25.00

N. Cuiligan SEP 24 2010

## **COVER LETTER**

į,

TO:

Registration Section

Division of Cor	porations		
SUBJECT:	Gulf Shore	s Logistics, LLC	
30B/EC1;		ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Melanie Shiver	
		Name of Person	
GulfSh		res Express Logistics, LLC	·
		Firm/Company	<u>.</u>
11208 Hutchison Blvd PMB 230			
		Address	
	Pa	nama City, FL 32407	
		City/State and Zip Code	
	melan	iegulfshores@yahoo.com o be used for future annual report notifi	eation)
For further information of	concerning this matter, please c		
		200	207 2004
Melanie Shiver Name of Person		at ( 850 ) Area Code & Daytime	867-8094 Telephone Number
Enclosed is a check for t	he 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)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle



August 13, 2010

MELANIE SHIVER 11208 HUTCHINSON BLVD. PANAMA CITY, FL 32407

SUBJECT: GULFSHORES EXPRESS LOGISTICS, LLC

Ref. Number: L10000079560

We have received your document for GULFSHORES EXPRESS LOGISTICS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

You did not state the TYPE OF ACTION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 710A00019501

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATION

Gulf Shores Expre	ess Logistics,	LLC	·
(Name of the Limited Liability Comp (A Florida Limited	any <u>as it now appea</u> Liability Company)	rs on our records.)	·····
The Articles of Organization for this Limited Liability Compan	y were filed on	July 29, 2010	and assigned
Florida document numberL10000079560			
This amendment is submitted to amend the following:			• .
A. If amending name, enter the new name of the limited lia	bility company he	re:	•
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Comp	any," the designation "L1	.C" or the abbreviation
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRESS)		<u>, , , , , , , , , , , , , , , , , , , </u>	
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		•	
			· · ·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, enter th	e name of the new
	,	•	
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addr	ess
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen			Lip Coue
HEN WESTERSTAN WESTER & SWEWNERS AS IN PRINCIPLES WAS INCOMED AS INCOME.	<del>1.71</del>		•

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

MGR = Manager

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:

	<u>Name</u>	Address	Type of Action
			radd Remove
<u>t_</u>	<u> </u>		Add Remove
<del></del>			Add Remove
	Bregina Martin	11208 Hutchison Blvd Panama Ciry Beach FL 3240	Add 1 Kemove
<del></del>	·		. Add Remove
<del></del>			Add Remove
If amen	ding any other information, enter chan	nge(s) here: (Attach addittonal sheets, if necessary.)	<del></del> )
- -			VISION OF C 10 SEP 24
			— Report
	· · · · · · · · · · · · · · · · · · ·	Lastron	_ <b>₽</b> ₹

Page 2 of 2

Filing Fee: \$25.00