

L100000108948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

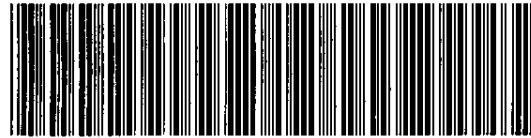
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NOV 30 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GULFSIDE FUNDING, 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:

Stephen C. Booth, Esq.

Name of Person

Booth & Cook, P.A.

Firm/Company

7210 Ridge Road

Address

Port Richey, FL 34668-7028

City/State and Zip Code

jehnoles@hotmail.com

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

For further information concerning this matter, please call:

Stephen C. Booth, Esq.

Name of Person

at (**727**)

842-9105

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**

GULFSIDE FUNDING, LLC

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

The Articles of Organization for this Limited Liability Company were filed on October 19, 2010 and assigned
Florida document number L10000108948.

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:

9400 River Crossing Blvd. Suite 104

(Principal office address MUST BE A STREET ADDRESS)

New Port Richey, FL 34655

Enter new mailing address, if applicable:

9400 River Crossing Blvd. Suite 104

(Mailing address MAY BE A POST OFFICE BOX)

New Port Richey, FL 34655

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:

Jaime Girardi

New Registered Office Address:

9400 River Crossing Blvd. Suite 104

Enter Florida street address

New Port Richey

Florida

City

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Jaime Girardi
If Changing Registered Agent, Signature of New Registered Agent

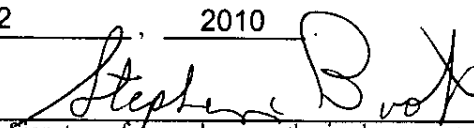
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	STEPHEN C. BOOTH	7510 Ridge Road Port Richey, FL 34668	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JAIME GIRARDI	9400 River Crossing Blvd. Suite 104 New Port Richey, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JOSEPH HUDSON	9400 River Crossing Blvd. Suite 104 New Port Richey, FL 34655	<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

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

Dated November 22, 2010



Signature of a member or authorized representative of a member

Stephen C. Booth

Typed or printed name of signee