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COVER LETTER

TO:

Registration Section Division of Corporations

Gulf Coast Industrial Services of FL, 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:

Edward L Courtney

Name of Person

Gulf Coast Industrial Services of FL, LLC

Firm/Company

1045 S. Fairfield Dr.

Address

Pensacola, FL 32506

City/State and Zip Code

ed@gcisf.net

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

For further information concerning this matter, please call:

Edward L Courtney

..850, 637-8555

Name of Person

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



Gulf Coast Industrial Services of FL, 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 Liabi	lity Company were filed on 10/28/20	and assigned
Florida document number L10000112697	`	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or	registered office address on our re	cords, enter the name of the new
registered agent and/or the new registered office	e address here:	
N CN D N IA		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	address
	City	_, Florida 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Thomas W Adams III	102 Woodlands Glen Circ	
		Brandon, MS 39047	Remove
·			🗖 Add
			□ Remove
	- 		
			□ Remove
		<u> </u>	Remove
			□ Add
			□ Remove
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If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
	•
<u></u>	
Effective date, if other than the date of filing:	(optional)
The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after
_{Dated} 3/12	2014
Dated	100000
5///	
Signature of a mo	ember or authorized representative of a member
Edward L Courtney	
Edward E Courtiley	

Page 3 of 3

Filing Fee: \$25.00