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(Requestor's Name)				
(Address)	600207636726			
(Address)	000207000720			
(City/State/Zip/Phone #)				
	05/20/1101029006 **30.00			
(Business Entity Name)				
(Document Number)	TI MAY			
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*	COVER LETTER	• • • • • • • •
ТО:	Registration Section Division of Corporations	
SUBJ	JECT: <u>Gulf (ART CAR LLC</u> Name of Limited Liability Company	
The e	enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	se return all correspondence concerning this matter to the following:	

BriANA OBrien		
Name of Person		
Gulf CAREF (AB LLL		
Firm/Company		
440 AVENISA DE MAJO Address		
SARIASOTA FL 34242		
City/State and Zip Code		
Gulf CARE + CAB 6 gmal. com		
E-mail address: (to be used for furture annual report notification)		

For further information concerning this matter, please call:

Brinning O'Brien at (941) 706-5406 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

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

Tallahassee, FL 32314

P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF A	MENDMENT						
• TO							
ARTICLES OF OI	RGANIZATION DIVISION OF CORFORATIONS						
OF	11 MAY 20 MII 52						
Paul Carl Car							
GULF CARE CAR (Name of the Limited Liability Company)	<u>v as it now annears on our records.</u>						
(A Florida Limited Li	(A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Company v	very filed on $Dec. 21, 201D$ and assigned						
Florida document number							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liabil	ity company here:						
<u>GUIC (ART CAB</u> LLC The new name must be distinguishable and end with the words "Limite	Libility Comments and Antiparties "I I C" and a abbreviation						
"L.L.C."							
Enter new principal offices address, if applicable:	SMRASOTA FL 34242						
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA FL 34242						
Enter new mailing address, if applicable:	440 AVENIDA DE MAYO SARASOTA FL 34242						
(Mailing address MAY BE A POST OFFICE BOX)	SARASOTA FL 34242						
B. If amending the registered agent and/or registered office address here							
registered agent and/or the new registered office address here							
Name of New Registered Agent:							
New Registered Office Address:							
Enter Florida street address							
	, Florida						
	City Zip Code						
New Registered Agent's Signature, if changing Registered Agent:							
I hereby accept the appointment as registered agent and agree							
the provisions of all statutes relative to the proper and comple							
accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office of							
company has been notified in writing of this change.	aaress, i hereby conjunt mar me innited habinity						

If Changing Registered Agent, Signature of New Registered Agent

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Page 1 of 2

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of.	<u>Action</u>			
			Add Remov	ve			
	-		Add	ve			
			Add	ve			
			Add	ve			
			Add Remov	'e			
			Add Remov	'e			
D. If am	ending any other informa	tion, enter change(s) here: (Attach addi	tional sheets, if necessary.)	ł			
	New ADDI	VES FOR BUSINESS, D AVEN. DA DE M EASOTA FL 34	/ MAI ING PREGISTE	red			
		D AVEN. DA DE M	hayo AGE Bria	~ A O'Big			
	SA	PASOTA FL 3"	4242 -				
			Э́л нау 20	DIVISION			
Dated	MAY 14 BZ	, <u>2011</u>		FILED TARY OF OF CORPUS			
	<u>^</u>	anature of a member or authorized representation of a member of a					
		Typed or printed name of signer	;	, ,			
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Filing Fee: \$25.00