LI1000037599

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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SECREDARY OF STATE

DEC 1 6 2013

T. BROWN

COVER LETTER

TÓ:	Registration Sec Division of Corp		**	**************************************
SUBJI	ECT:	Gulf Coast Name of Limit	Florida Roofing ted Liability Company	
The en	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		<u></u>	Bion Carter Name of Person	
		Gu	if Coast Florida Roofi Firm/Company	ing
		P	O. Box 266 Address	
		DeFuniak	Springs FL 32435 City/State and Zip Code	
		E-mail address: (1	ter wimail. Com to be used for luture annual report notifica	tion)
For fu	rther information ec	oncerning this matter, please c	all:	
	Blon Name of	<u>Carter</u> Person	at (<u>850)</u> 333 · 1358 Area Code & Daytime T	elephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2.	5.00 Filing Fec	□\$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



November 8, 2013

BLON CARTER GULF COAST FLORIDA ROOFING PO BOX 266 DEFUNIAK SPRINGS, FL 32435

SUBJECT: GULF COAST FLORIDA ROOFING LLC

Ref. Number: L11000037599

We have received your document for GULF COAST FLORIDA ROOFING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6051.

Letter Number: 213A00026086

Teresa Brown Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 OEC | PH 1:39

TALLAHASSEE STATE
ecords.)

Culf Coas (Name of the Limited (A	Tiability Company Florida Limited Lia	ofing LL as it now app bility Company	ears on our records.)	ASSEE, FLORIDA
The Articles of Organization for this Limited Li	ability Company w	vere filed on _	03-29-2011	and assigned
Florida document number <u>L1100003759</u>	1			•
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabili	ity company	here:	
Not Applicable The new name must be distinguishable and end with				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	d Liability Cor	npany," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applic	able:	Not A	applicable	
(Principal office address MUST BE A STREE	TADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			plicable	
B. If amending the registered agent and/registered agent and/or the new registered of	fice address here:			
Name of New Registered Agent:	Not App			
New Registered Office Address:	Not App	licable	Enter Florida street add	dress
			, Florida	
		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 famil ar 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 liavility company has been notified in writing of this change.

Not Applicable
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name '	Address	Type of Action
MGRM	Shane W. Johnson	1755 J.D. Miller Road	_ J Add
		Santa Rosa Beach, FL 32459	Remove
MGRM	Cyrus Steven Laird	519 County Highway 185 Defuniak Springs, FL 32433	-
			Add Remove
			Add Remove
			Add
			Add Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Not Applicable
••
ated November 20 , 2013 .
Signature of a member or authorized representative of a member
Bion Carter
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00