

L11000131703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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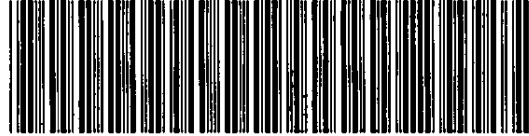
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

562/11 95

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gulf Coast Poop 911, 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:

Kayla H. Martin  
Name of Person  
Gulf Coast Poop 911, LLC  
Firm/Company  
1201 Sunshine Drive  
Address  
Crestview, FL 32539  
City/State and Zip Code  
gulfcoast@poop911.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kayla Martin at (850) 902-7511  
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 Poop 911, 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 11/18/11 and assigned Florida document number L11000131703.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1201 Sunshine Drive  
Crestview, FL 32539

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1201 Sunshine Drive  
Crestview, FL 32539

**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:

Kayla Martin

New Registered Office Address:

1201 Sunshine Drive

Enter Florida street address

Crestview

City

Florida

32539

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.*

Kayla H Martin

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|-----------------|----------------------------|--|
| MGR          | Stephanie Corso | 40 Long Leaf Circle        | <input type="checkbox"/> Add               |
|              |                 | Santa Rosa Beach, FL 32459 | <input checked="" type="checkbox"/> Remove |
|              |                 |                            | <input type="checkbox"/> Change            |
| MGR          | Kayla Martin    | 1201 Sunshine Drive        | <input checked="" type="checkbox"/> Add    |
|              |                 | Crestview, FL 32539        | <input type="checkbox"/> Remove            |
|              |                 |                            | <input type="checkbox"/> Change            |
|              |                 |                            | <input type="checkbox"/> Add               |
|              |                 |                            | <input type="checkbox"/> Remove            |
|              |                 |                            | <input type="checkbox"/> Change            |
|              |                 |                            | <input type="checkbox"/> Add               |
|              |                 |                            | <input type="checkbox"/> Remove            |
|              |                 |                            | <input type="checkbox"/> Change            |
|              |                 |                            | <input type="checkbox"/> Add               |
|              |                 |                            | <input type="checkbox"/> Remove            |
|              |                 |                            | <input type="checkbox"/> Change            |

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 20, 2015.

Stephanie M. Corso  
Typed or printed name of signee