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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Guf Coat Social Nes To Company 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:
JEREMY MOORE Name of Person
Culf (ant Special, ties II) Firm/Company
7465 Worth Palafax Street
Pensacola FL 32503 City/State and Zip Code Moorc 157 25 Smail.com
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jesen Masse at (850) 478-6150 = Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \$\times \text{Solution} \text{Solution} \text{Filing Fee & Certified Copy (additional copy is enclosed)} \$\times \text{Solution} \text{Solution} \text{Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{Certified Copy (additional copy is enclosed)} \$Certified Copy (ad

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 Car	ast Socialities II 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 Liab Florida document number <u>L 120002</u>	bility Company were filed on OZ/17/201Z and assigned 24194
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and end with the wo	
Enter new mailing address, if applicable:	<u>~</u>
(Mailing address MAY BE A POST OFFICE Be	
D. If amonding the registered egent and/or	r registered office address on our records, enter the name of the new
B. If amending the registered agent and/or registered agent and/or the new registered office	
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 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 Name **Type of Action** DOUGLE W Moore 7465 North Palafor Street MAD Remo □ Add ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove □ Add □ Remove

D.	If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	. <u>()</u>	buildlike to add Donald W. Moore as a
	A	Appriled member
	<u></u>	
E.	(The effective	date, if other than the date of filing: 123/14 (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
	Dated	Janay 23 , 2014.
		Level
		Signature of a member or authorized representative of a member
		Typed or printed name of signee

FILED

Page 3 of 3

Filing Fee: \$25.00