# U20055X7

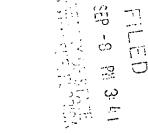
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SEP 0 9 2015

S. YOUNG

# **COVER LETTER**

Div	ision of Corpo	orations		
SUBJECT:	Gulf Insurance	e LLC		
Separe I.		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return	all correspond	lence concerning this matter t	to the following:	
		Brent Moss		
			Name of Person	
		Gulf Insurance LLC		
			Firm/Company	
		5604 Marina Dr, # B		
			Address	
		Holmes Beach, FL 34217		
			City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notific	ation) G T
For further i	nformation cor	accrning this matter, please ca	·	क्षा के त
Brent Moss			941 718-0027 at ( )	
	Name of I	Person		Telephone Number
Enclosed is	a check for the	following amount:		
<b>■</b> \$25.00 i	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:

TO:

**Registration Section** 

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

(Name of the Limited Lighility Compa	ny as it now appears on our records	<u>,</u>	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	,	
The Articles of Organization for this Limited Liability Company Florida document number L12000055247	were filed on April 24, 2012	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L L.C"	
Enter new principal offices address, if applicable:	5604 Marina Dr, #B		
(Principal office address MUST BE A STREET ADDRESS)	Holmes Beach, FL 34217		
Enter new mailing address, if applicable:	5604 Marina Dr, #B	37 B	
er new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  er new mailing address, if applicable:  inling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered of	Holmes Beach, FL 34217	型 6 年	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Flo		
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMRR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address		Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00