L12000068947

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2012 OCT 22 PM 1: 22

C. LEWIS

OCT 23 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gulf Coast Cleanup Services, 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:
Tara Cooper Name of Person
Gulf Coast Cleanup Services, LLC.
1009 Stonefence Way
Tarpon Springs, FL 34689 City/State and Zip Code
gulf coast cleanup services @amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tara Cooper at 777, 423-6212 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Status Status Status Status Status Status Certified Copy (additional copy is enclosed) 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

SEGRETARY OF STATE DIVISION OF CORPORATIONS

Ut	1. 93
CTUIT COAST CLONUD (Name of the Limited Liability Compan (A Florida Limited Li	Services, LLC 2012 OCT 22 PM 1: 23 IV as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L1200068947</u> .	were filed on May 21, 2012 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1009 Stonefence Way
(Principal office address MUST BE A STREET ADDRESS)	Tarpon Springs, FL 34629
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1009 Stonfence Way Tarpon Springs, FL 34689
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:	Loope r
New Registered Office Address: 1009 Sto	mefence Nay (1882) Enter Plorida street address
Tarp	on Springs, Florida 34689 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 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 liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

<u>le</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<u></u>	**************************************		AddRemove
f amer <u>P</u> —	anding any other information, enter chan address of Tava = = 1009 Stonefence Way	ge(s) here: (Attach additional sheets, if neces: Exic Cooper changed Tarpon Springs, FL 34	sary.) <u>†0 :</u> 689
_ b:	October 18 , 2	012.	2812 OCT 22
	Tara	er or authorized representative of a member	**CORPORATION** 22 PM 1: 2 3

Page 2 of 2

Filing Fee: \$25.00