L12000141918

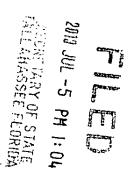
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D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

V,

Hotel Slippers International 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:

	Laura Osete				
		Name of Person			
		Firm/Company			
	1884 Par Dr	ive			
		Address	,	基件 智	
	Naples, FL 3	34120		2019 JUL	-
City/State and Zip Code			-5 AR SSS	igenes i	
laura@gulfcoastcotton.com		(20) = (21) =<			
	E-mail address: (t	o be used for future annual report notificati	on)	景の	Harana P II
For further information c	concerning this matter, please c	all:		OKIOX OKIOX 1. Ot	वि विश्वक्र मा
Laura Oset	e	239 ₂ 48-607	5	→	
Name o	of Person	Area Code & Daytime Te	elephone Number	r	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	osed)

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

Hotel Slippers International 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 11/08/2012 and assigned Florida document number L12000141918 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Gulf Coast Cotton LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1884 Par Drive Enter new principal offices address, if applicable: Naples, FL 34120 (Principal office address MUST BE A STREET ADDRESS) P.O. Box 110264 Enter new mailing address, if applicable: Naples, FL 34108 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida Zip Code City

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 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 MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
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). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· •	
ated	
	Killye
	Signature of a member or authorized representative of a member
	Richard Osete
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

