

12/06/2013

12/06/2013 Band Gates

FAX 366 538

P.001/004

12/6/13

**L13000048509**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BAND GATES, P.L.  
Account Number : I201300000059  
Phone : (941) 366-8010  
Fax Number : (941) 366-5368

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TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

LBenson@BandGates.com

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KORUS GULF COAST LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

KORUS GULF COAST 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 APRIL 2, 2013 and assigned  
Florida document number L13000048509

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 end with 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)

5583 MARQUESAS CIRCLE

SARASOTA, FL 34233

Enter new mailing address, if applicable:

(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:

BAND GATES, P.L.

New Registered Office Address:

1 SOUTH SCHOOL AVE., SUITE 501

Enter Florida street address

SARASOTA

Florida 34237

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.

By: [Signature]  
If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	ESTES, MICHAEL S	1817 S. OSPREY AVE	<input type="checkbox"/> Add
		SARASOTA, FL 34239	<input checked="" type="checkbox"/> Remove
MGRM	MILLER, MARK	5583 MARQUESAS CIRCLE	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

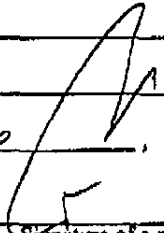
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated December 6, 2013.



Signature of a member or authorized representative of a member

**CHAD L. GATES, AUTHORIZED REPRESENTATIVE**

Typed or printed name of signer

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