

L13000084574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

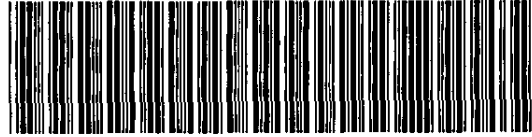
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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LAW OFFICES

SCRUGGS & CARMICHAEL, P.A.

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GAINESVILLE, FLORIDA 32601

TELEPHONE (352) 376-5242

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4041 N.W. 37TH PLACE

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☐ REPLY
DOWNTOWN

☒ REPLY
WEST OFFICE

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1909-1994

WILLIAM D. PRIDGEON
1933-1980

MICHELLE VAUGHNS
1946-1982

WILLIAM N. LONG
1920-2003

RETIRED

RAY D. HELPLING
WILLIAM C. ANDREWS
JOHN F. ROSCOW III
MITZI COCKRELL AUSTIN

STAN CUSHMAN†
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‡CERTIFIED CIVIL MEDIATOR

OF COUNSEL

KEVIN DALY
DENNIS J. EISINGER
EISINGER, BROWN, LEWIS & FRANKEL, P.A.

April 24, 2014

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Florida Gulf Coastal, LLC

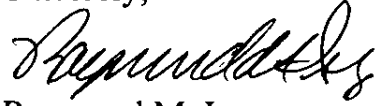
Dear Sir or Madam:

I am transmitting herewith the following:

1. Cover Letter;
2. executed Articles of Amendment to Articles of Organization;
and
3. check for \$25.00

If you have any questions, please advise.

Sincerely,


Raymond M. Ivey

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Gulf Coastal, 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:

Raymond M. Ivey

Name of Person

SCRUGGS & CARMICHAEL, P. A.

Firm/Company

4041 NW 37th Place, Suite B

Address

Gainesville, FL 32606

City/State and Zip Code

trish@cfthompson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond M. Ivey

Name of Person

at (352) 376-1691

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:

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**

Florida Gulf Coastal, 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 June 11, 2013 and assigned Florida document number L13000084574.

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)

2835 NW 41st Street, Unit 220

Gainesville, FL 32606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2835 NW 41st Street, Unit 220

Gainesville, FL 32606

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:

Patricia Jackson

New Registered Office Address:

2835 NW 41st Street, Unit 220

Enter Florida street address

Gainesville

City

Florida

32606

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.


Patricia Jackson
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Patricia Jackson	2835 NW 41st Street, Unit 220	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32606	<input type="checkbox"/> Remove
MGRM	Carl L. Salafrio	6277 A1A South	<input type="checkbox"/> Add
		St. Augustine, FL 32080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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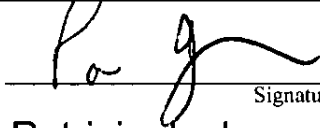
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TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 31, 2014



Signature of a member or authorized representative of a member

Patricia Jackson

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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