

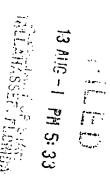
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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

Gulf Coast Home Specialties 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:

## **Donald Shane Lewis**

Name of Person

# **Gulf Coast Home Specialties LLC**

Firm/Company

### 4857 Timberland Drive

Address

Pace, Fl. 32571

City/State and Zip Code

shanelewis1018@yahoo.com

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

For further information concerning this matter, please call:

Shane Lewis

<sub>.,,</sub>850 **995-4346** 

Name of Person

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

Gulf Coast Home Specialties LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Flor	rida Limited Liability Company)	
The Articles of Organization for this Limited Liabil:	ity Company were filed on June 24, 20	)13 and assigned
Florida document number L1300090635		ond and assigned on the state of the state o
This amendment is submitted to amend the following	ng:	9.
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office		ds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	a street address
_	,	Florida
	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 MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Donald Shane Lewis	4857 Timberland Drive	Add
		Pace FI,32571	Remove
			Add Remove
			_ Remove
			Add
			_ Add _ Remove
			_ Add _ Remove

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Filing Fee: \$25.00

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