

113000109055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

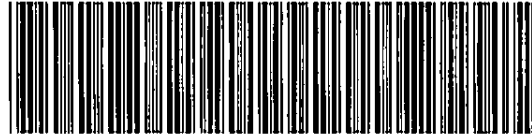
(Document Number)

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FILED
2017 AUG 18 PM 2:15
DEPT. OF STATE
FALL MASSACHUSETTS

K SALY
AUG 22 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2017

GULF COAST SPORTS AE & S LLC
ASHLEY ACKERMAN
6752 W GULF TO LAKE HWY, STE. 423
CRYSTAL RIVER, FL 34429

SUBJECT: GULF COAST SPORTS AE&S LLC
Ref. Number: L13000109055

RECEIVED
2017 AUG 18 PM 5:17
TALLAHASSEE, FLORIDA

We have received your document for GULF COAST SPORTS AE&S LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 117A00015292

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gulf Coast Sports AE & S 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:

Ashley Ackerman

Name of Person

Gulf Coast Sports AE & S LLC

Firm/Company

6752 W Gulf to Lake Hwy Suite 423

Address

Crystal River, FL 34429

City/State and Zip Code

Bleachers@GulfCoastSportsFL.com

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

For further information concerning this matter, please call:

Ashley Ackerman

855 827-1386
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

FILED
2017 AUG 18 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Gulf Coast Sports AE & S 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 8/1/2013 and assigned
Florida document number L13000109055.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6752 W Gulf to Lake Hwy Suite 423 Crystal River, FL 34429

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

6752 W Gulf to Lake Hwy Suite 423 Crystal River, FL 34429

(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:

Ashley Ackerman

New Registered Office Address:

6752 W Gulf to Lake Hwy Suite 423

Enter Florida street address

Crystal River

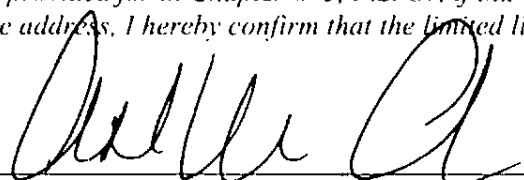
City

Florida 34429

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.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
PR	Ashley Ackerman	6752 W Gulf to Lake Hwy	<input type="checkbox"/> Add
		Suite 423	<input type="checkbox"/> Remove
		Crystal River, FL 34429	<input checked="" type="checkbox"/> Change
MGR	Cindy Lewis	6040 W Pine Cir	<input type="checkbox"/> Add
		Crystal River, FL 34429	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 COUNTY CLERK
 HIGHLAND COUNTY
 FLORIDA

