113000109055

(Req	uestor's Name)	
(Addi	ress)	
(Add	ress)	
V.C.	, , ,	
(City)	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to F	iling Officer:	
_ ,		
Sign		

Office Use Only



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2017 AUG 18 PK 2: 15

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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

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 Se Division of Cor			••
 2110-113	Gulf Coast	Sports AE & S LLC	•	
SUBJE	СТ:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence 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@GulfCoastSport	sFL.com to be used for future annual report notifi	cation)
For furti	her information c	oncerning this matter, please ca		•••••
Ashley .	Ackerman		855 827-1386	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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

2017 AUG 18 PM 2: 19

Gulf Coast Sports AE & S LLC

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

(A Florida Limited Liability Company)

	(A Florida Limited I	Madinty Company)	1 0kg
The Articles of Organization for this Limited Florida document number L13000109055		were filed on $\frac{8/1/2013}{}$	-
Florida document number Ersaoriosos	<u> </u>		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabii	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	6752 W Gulf to Lake Hy	vy Suite 423 Crystal River, FL 34429
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		6752 W Gulf to Lake Hv	yy Suite 423 Crystal River, FL 34429
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of	* '	<u>e</u> :	cords, <u>enter the name of the new</u>
Name of New Registered Agent:			
New Registered Office Address:	6752 W Gulf to	Lake Hwy Suite 423	
		Enter Florida street	address
	Crystal River		_, Florida <u>34429</u>
		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 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 baixed 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>	Type of Action
PR	Ashley Ackerman	6752 W Gulf to Lake Hwy	
		Suite 423	Remove
		Crystal River, FL 34429	■ Change
MGR 0	Cindy Lewis	6040 W Pine Cir	
		Crystal River, FL 34429	☐ Remove
			■ Change
			Add
			☐ Remove
			□ Clange
			Addr Remova
			Remove
			□.Change
		······································	□ Remove
			□ Change
		<u></u>	
			□ Remove
			□ Change

that is incorrec	ct, the address, for all lines is "6752 W Gulf to Lake Hwy Suite 423". Please change/	update
any addresses t	that are incorrect, including the address listed for the Registered Agent. Thank you.	
-		
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		7201
		2011 NO V8
		8
		<u> </u>
	<u> </u>	
ective date, if of	ther than the date of filing: 8/1/2017 (optional sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.	l) a.) Pursuant to 605 0
te: If the date inso	serted in this block does not meet the applicable statutory filing requirements, this date of the Department of State's records.	
	t date on the separation of same steeds.	
	es a delayed effective date, but not an effective time, at 12:01 a.m after the record is filed.	. on the earlier
ed	2017	
	0.1111	

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Typed or printed name of signee

Filing Fee: \$25.00