L13000140595

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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TRANSMITTAL LETTER

March 26, 2015

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 34314

SUBJECT: Gulf Region Property Preservation, LLC L13000140595

RE: Articles of Amendment

Enclosed are an original and one (1) copy of the Articles of Amendment to the Articles of Incorporation and a check in the amount of \$43.75 for:

Filing Fee – Articles of Amendment \$ 35.00 **Total** \$ 35.00

In the interim, should you have any questions, or when I may be of service, please feel free to call me.

Sincerely,

Todd G. Unbehagen, MAFM, EA, ATA, ATP

FROM: Unbehagen Advisors 31 West Tarpon Avenue Tarpon Springs, FL 34689



March 30, 2015

TODD G UNBEHAGEN, MAFM, EA, ATA, ATP UNBEHAGEN ADVISORS 31 WEST TARPON AVENUE TARPON SPRINGS, FL 34689

SUBJECT: GULF REGION PROPERTY PRESERVATION, LLC

Ref. Number: L13000140595

We have received your document for GULF REGION PROPERTY PRESERVATION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have filed pursuant to 607.1106 in this amendment and that is for a corporation filing. Your entity is filed as a limited liability company under 605. Please correct your form or use ours.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 715A00006307

COVER LETTER

TO: Registration Se Division of Cor				
Gulf Reg	jion Property Preservat	ion, LLC		
SUBJECT:	Name of Lim	ited Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Cathy Schaibly			
		Name of Person		
	Unbehagen Advisor	s		
	Firm/Company			
	31 W Tarpon Avenu	1 W Tarpon Avenue		
	Address			
	Tarpon Springs FL 3	34689		
		City/State and Zip Code	:::1	
	cathy@unbehagenad			
	E-mail address: (to be used for future annual report notificati	on)	
For further information c	oncerning this matter, please co	ali:	194 or 1	
Cathy Schaibly		727 943-9105		
Name o	f Person		ephone Number	
Enclosed is a check for the	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

Gulf Region Property Preservat	tion, LLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 10/14/2013	and assigned
Florida document number L13000140595	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		हिंदू ज
Enter new mailing address, if applicable:		25 5 Y"
(Mailing address MAY BE A POST OFFICE BOX)		工作 电闸
		(<u>)</u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a		er the name of the new
registered agent and/or the new registered ornce a	iduress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Citv	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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Terence Tip Valdes	9576 Trumpet Vine Loop	■ Add
		Trinity FL 34655	□ Remove
			□ Add
		· 	
			□ Add
			☐ Remove
			□ Remove
			□ Remove
			□ Add
			□ Remove

). If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if necessary.)
	
Effective date, if other than the (The effective date must be specific, cann the date this document is filed by the Florian this document is filed by the Florian the date this document is document in the date this document is document in the date this document is document in the date th	ot be prior to date of receipt or filed date and cannot be more than 90 days after
Dated 10 April	2015
Jan	ri of Valdes
	Signature of a thember or authorized representative of a member
Tami L. Valdes, M	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00