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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nan	ne)
(Dc	ocument Number)	
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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COVER LETTER

	ision of Cor			
SUBJECT:	Gulf Coast	Energy Solutions, LLC		
Sebsici.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Clayton J Fordyce		
			Name of Person	
	Gulf Coast Energy Solutions, LLC			
			Firm/Company	
		6711 Slater Pines Dr.		
			Address	
		N. Ft. Myers, FL 33917		
			City/State and Zip Code	
		fordyce7@yahoo.com		
			to be used for future annual report noti	ification)
For further in	nformation co	oncerning this matter, please co	all:	
Jodi M Ford	yce		239 699-1407	
	Name of	Person	at ()at () Area Code Daytim	ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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 ARTICLES OF ORGANIZATION **OF**

Gulf Coast Energy Solutions, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co Florida document number L14000034570	ompany were filed on 02/28/14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		THE CEC
(Principal office address MUST BE A STREET ADDRE	ESS)	第 第
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T		EFFL EFFL EFFL EFFL EFFL EFFL EFFL EFFL
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>8 0 m</u>
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		Take Mark 1
	Enter Florida street addres	S
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature if shanging Degistered	Aganti	

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>	Address	Type of Action
MGR	Gregory Hughes Fleishman	1026 SW 10 PL	a Add
		Cape Coral, FL 33991-2693	Remove
			Change
			□ Add
			Remove
			☐ Change
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fective date, if other the offective date is listed, the other. If the date inserted in cument's effective date of	this block does not	meet the applic	able statutory fi	(op r more than 90 days aff ling requirements, th	tional) er filing.) Pursuant to nis date will not be	605.0207 listed as
record specifies a do	elayed effective ne record is filed	date, but no	ot an effectiv	e time, at 12:01	a.m. on the ea	rlier o
ine sources to						
ted March 21st	1	7. = 2018		_		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00