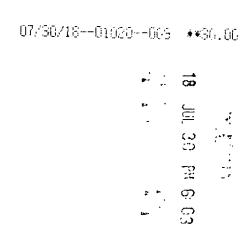
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## **COVER LETTER**

Div	ision of Corp	oorations		
SUBJECT:	GULF COA	ST SEPTIC LLC		
		Name of Lim	nited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	idence concerning this matter	to the following:	
		DREXYL E. BREWER		
			Name of Person	
		GULF COAST SEPTIC L	LC	
			Firm/Company	
		P.O. BOX 381		
			Address	·
		GIBSONTON, FL 33534		
			City/State and Zip Code	<del></del>
•		gulfcoastseptic7710@gmail		
·		E-mail address: (	to be used for future annual report notifi	ication)
or further in	formation co	ncerning this matter, please ca	all:	
DREXYL E.	BREWER		813 475-1319	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
<b>3 \$</b> 25.00 Fi		■ \$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:

TO:

Registration Section

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 SEPTIC LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 18, 2014	
Florida document number L14000178934	···· (
This amendment is submitted to amend the following:	<b>9</b>
A. If amending name, enter the new name of the limited liability company here:	72
	م ب <sub>ا</sub> م
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.12C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
·	
B. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:	r the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	

## 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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

\_ , Florida

Zip Code

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
MGR	HEATHER A. BREWER	7710 NUNDY AVENUE	Add
· 		GIBSONTON, FL 33534	≅ Remove
			☐ Change
·		<del></del>	
			□ Remove
		<del> </del>	Change
			☐ Remove
			Change
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Filing Fee: \$25.00