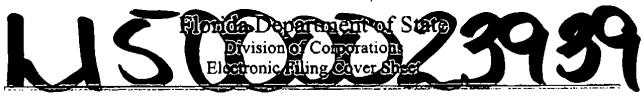
Division of Corporations



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(((H19000247063 3)))



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: (941)917-0506

From:

Account Name : BAND LAW GROUP, PL.

Account Number : 1200900000020 Phone : (941)917-0505

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GULFSTAR HOMES, LLC**

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AUG 20 2019

Audit # (((H19000247063 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULFSTAR HOMES, LLC				
(Name of the Limit	ted Liability Compa (A Plorida Limited)	iny as it now appears on c Liability Company)	our records.)	
The Articles of Organization for this Limited L. Florida document number L15000023939	iability Company	were filed on 02/02/20	015	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the	vords "Limited Liabil	lity Company," the design	ation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		750 TAMIAMI TRA	IL, UNIT 1	
(Principal office address MUST BE A STREET ADDRESS)		PORT CHARLOTTE	E, FL 33953	
•				
			•	201
Enter new mailing address, if applicable:			<u> </u>	9
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered o	or registered of ffice address her	ffice address on our g:	records, enter the	2: 5
Name of New Registered Agent:	GREGORY S.	BAND		<u></u>
	ONE SOUTH S	SCHOOL AVENUE, SU	JITE 500	
New Registered Office Address:	Enter Florida street address			
	SARASOTA		, Florida ³⁴²³⁷	
		City	Zį	p Code
New Registered Agent's Signature, If changing				4
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my oprovided for in Chap	luties, and I am famil ter 605, F.S. Or, if thi	iar with and is document is

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	KATHRYN HOPKINSON	P.O. BOX 7917 NORTH PORT, FL 34290	Add
			□ Remove
			Change
			D Add
		<u> </u>	Remove
			□ Change
			☐ Remove
			Change
			□ Rephove
			☐ Change
			Remove
	•		Change
			Add
			Pernove
			Change

f amending any other information, enter change(s) here: (Attach additional s	sneets, ij necessary.)	
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August 14, 2019	5 5	
an effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more the lots: If the date inserted in this block does not meet the applicable statutory filing requ ocument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	uirements, this date will not be lis	ited as
ared august 19 , 2019		
Signature of a namber of authorized representative of a r	neurber	
GREGORY S. BAND, ESQ., AUTHORIZED REPRESENTATIVE		
Typed or printed name of signee		
Page 3 of 3		

Filing Fee: \$25.00

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