

45000028659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

707

Office Use Only



200271696612

04/16/15--01005--019 **43.75

SECRETARY OF STATE
TALLAHASSEE FLORIDA

15 MAY 14 PM 3:40

APPROVED
AND
FILED

BA 5/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Coast Accessibility Options, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Langlais
Name of Person

Gulf Coast Accessibility Options, LLC
Firm/Company

3214 Savage Rd
Address

Sarasota, FL 34231
City/State and Zip Code

scott.gcao@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Langlais at (941) 504-5617
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 14 PM 3:40

APPROVED
AND
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2015

SCOTT M LANGLAIS
3214 SAVAGE RD
SARASOTA, FL 34231

SUBJECT: GULF COAST ACCESSIBILITY OPTIONS, LLC
Ref. Number: L15000028659

We have received your document for GULF COAST ACCESSIBILITY OPTIONS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 315A00008562

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Gulf Coast Accessibility Options, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Feb. 9, 2015 and assigned Florida document number L15000028659.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

, Florida

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 limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

15 MAY 14 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MGR = Manager
AMBR = Authorized Member

APPROVED
AND
FILED

15 MAY 14 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 2, 2015

Scott M. Langlais

Signature of a member or authorized representative of a member

Scott M. Langlais

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 14 PM 3:41

APPROVED
AND
FILED