15000058361

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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	Registration Se Division of Cor			
SUBJEC		GULF COAST DUTCH LION	IS FC LLC	
SUBJEC	, I ;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	indence concerning this matter	to the following:	
		NANETTE TODD		
			Name of Person	
		NANETTE TODD ACCO	UNTING & BUSINESS CONSUL	TING, LLC
			Firm/Company	
		902 SW 6TH PLACE		
			Address	
		CAPE CORAL, FL 33991		
			City/State and Zip Code	
		NANETTE@NANETTET(
			to be used for future annual report notif	ication)
For furthe	er information c	oncerning this matter, please co	all:	
NANET	TE TODD		704 936-6847 at ()	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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)
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURU Registration Sectio Division of Corpora	n

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.15000058361	were filed on 04/02/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	C/O NANETTE TODD	
(Principal office address MUST BE A STREET ADDRESS)	902 SW 6TH PLACE	
	CAPE CORAL, FL 33991	-
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the n
Name of New Registered Agent:		25. 7 25. 8 T
New Registered Office Address:	Enter Florida street address	1 26
	, Florida _	70 2 0
New Registered Agent's Signature, if changing Registered Agent:	City	Dri 5

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	NANETTE TODD	902 SW 6TH PLACE	
		CAPE CORAL, FL 33991	Remove
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ffectiv	e date, if other than the date of filing: (optional)	55	
aneffe	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	Pursuant to 6	05.0207
<u>vote:</u> 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date vint's effective date on the Department of State's records.	rill <u>mo</u> t be li	sge d as
ic Curric	in a circulate date on the Expartment of State S records.	084	. .
The !	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o 90th day after the record is filed.	n the ear	lier of
(XTOBR 14 2017		
Pated _	//L/2/:		
	the try		
	Signature of a member or authorized representative of a member		
	engineer of a monthlest of auditorized representative of a mention		
	JOHANNES MOSSEL		
	Typed or printed name of signee		

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Filing Fee: \$25.00