

450000 79254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

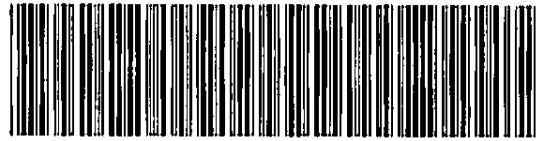
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100327217051

04/05/19--01013--014 **55.00

FILED
19 APR -5 PM 8:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

08
4/13/19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gulf Coast Nightscapes 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:

Caitlin Locke
Name of Person

Gulf Coast Nightscapes LLC
Firm/Company

18883 Ashcroft Circle
Address

Port Charlotte, FL 33948
City/State and Zip Code

Caitlin Locke02@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caitlin Locke at 941, 889-8911
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

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

GUULF COAST NIGHTSCAPES 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 05/05/2015 and assigned Florida document number L15000079254.

FILED
APR -5 PM 8:46
TALLAHASSEE FLORIDA

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

18883 Ashcroft Circle
Port Charlotte, FL
33948

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18883 Ashcroft Circle
Port Charlotte, FL
33948

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:

Caitlin Locke

New Registered Office Address:

18883 Ashcroft Circle

Enter Florida street address

Port Charlotte

City

Florida

33948

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.

Caitlin Locke

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Carringer, Beverly E	23119 Allen Ave	<input type="checkbox"/> Add
		Port Charlotte, FL 39980	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Locke, Caitlin L	18883 Ashcroft Circle	<input checked="" type="checkbox"/> Add
		Port Charlotte, FL 33948	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 APR 5 PM 8:46
 19
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

FILED
19 APR -5 PM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated April 02, 2019.

Beverly E Carringer
Signature of a member or authorized representative of a member

Beverly E Carringer
Typed or printed name of signer