

215000116790

(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



100286439211

06/07/16--01012--028 **25.00

FILED
2016 JUN -6 AM 11:55
TALLAHASSEE, FLORIDA
2016 JUN -6 PM 4:31
TALLAHASSEE, FLORIDA

JUN 07 2016
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gulfside Elevator & Cab Interiors, 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:

Denise Williams
Name of Person

Gulfside Elevator & Cab Interiors, LLC
Firm/Company

3573 Plover Ave
Address

Naples, FL 34117
City/State and Zip Code

Denise W@gulfsideelevator.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Williams at (239) 643-0490
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

FILED
JUN 16 2011
TALLAHASSEE, FLORIDA

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

Guiltside Elevator & Cab Interiors 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 7/13/2015 and assigned
Florida document number 215000116790.

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)

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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

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>
AMBR	John M. Andrews	3573 Plover Ave	<input checked="" type="checkbox"/> Add
		Naples, FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Juston Ticknor	3573 Plover Ave	<input checked="" type="checkbox"/> Add
		Naples, FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William Braury	3573 Plover Ave	<input checked="" type="checkbox"/> Add
		Naples, FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John Taylor	3573 Plover Ave	<input checked="" type="checkbox"/> Add
		Naples, FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Taylor Elevator Cap	3573 Plover Ave.	<input type="checkbox"/> Add
		Naples, FL 34117	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 JUN 10 - 6
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

2018 JUN -8 P 4:30
FBI WASH DC
TELETYPE UNIT

FILED
2018 JUL -6 PM 4:31
FBI - KANSAS CITY

(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.

Dated June 1st, 2016

John Andrews

Typed or printed name of signee