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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Sulf Coast S	edan Service U	<u>_C</u>	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	K	urt F hewis Name of Person		
	K	urt = howis PA	<u> </u>	
	662	4 Gateway A. Address	ie	
	Secondary in n Secondary in n E-mail address:	rasota, 72 34. City/State and Zip Code rt + 4300 no + mai na 10 rr 4500 ho + ma to by used for future annual report notifi	231 1. com il.com	
For further information of	concerning this matter, please co		caton	
Kunt Name o	F Lawi'S f Person	at (<u>941)</u> <u>921</u> Area Code Daytime	SECRETAR Telephone Number 128 Telephone Number 128	
Enclosed is a check for the	ne following amount:		inc iu≺. ⇔	in
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Stafes & Certified Cuty (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

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 neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida City New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the	Gulf Coast Sedan Service LLC	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Gulf loast Sedan Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Agent's Signature, if changing Registered Agent: City New Registered Agent's Signature, if changing Registered Agent: Chereby accept the appointment as registered agent and agree to act in this capacity. I further agree to be comply with the	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
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	New Registered Agent's Signature, if changing Registered Agent:	Ш
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.	provisions of all statutes relative to the proper and complete performance of my duties, and I am familian with Accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docu Being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability	and nent is
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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Jerry Parrish	4301 Via Piedra Circle Sarasota, 7L 34233	Add
		Sarasota, 7L 34233	□ Remove
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Filing Fee: \$25.00