L15000177259

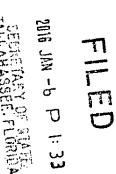
(Requestor's Name)	_
(Address)	-
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	-
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	1

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FLORIDA DEPARTMENT OF STATE OF

December 7, 2015

CAMERON BRUMBELOW 8601 4TH STREET NORTH #104 ST PETERSBURG, FL 33702

SUBJECT: GULF COAST TERRITORIES, LLC

Ref. Number: L15000177259

We have received your document for GULF COAST TERRITORIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please caff (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 615A00025513

Or illed

COVER LETTER

	gistration Section of Corp					
SUBJECT:	Gulf Coast T	erritories, LLC				
SCISCE 1.		Name of Lim	ited Liability Company			
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		Cameron Brumbelow				
			Name of Person			
		Gulf Coast Territories, LLC	С			
			Firm/Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		8601 4th Street North #104	1			
			Address			
		Saint Petersburg, FL 33702	2			
			City/State and Zip Code			
		cwb@bdlawgroup.com			. ~2	
For further in	nformation cor	E-mail address: (ncerning this matter, please ca	to be used for future annual reporall:	t notification)	2016 JAN	
Cameron W.	. Brumbelow		727 576-626	ද්රිකි නිය නිය නිය	-	
Enclosed is a	Name of I	Person following amount:	Area Code Da	aytime Telephone Number	T :: 33	Ō
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filin Certificate Certified Contact (additional contact)	of Status & opy	

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

Gulf Coast Territories, LLC			
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>s.</u>)	
The Articles of Organization for this Limited Liab	pility Company were filed on 10/19/2015		and assigned
Plorida document number L15000177259			
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	ne limited liability company here:		
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC	or the abb	reviation "L.L.C."
nter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET	ADDRESS)		
			1.840.
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>		
		屋。	20
	-	2000 A	
3. If amending the registered agent and/or	registered office address on our records	s, enter t	hezname of the n
egistered agent and/or the new registered offic	e address here:	1885 1887 1887	-6
		120	
Name of New Registered Agent:		1 5 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	T G
Name of New Registered Agent.		No.	**
New Registered Office Address:			<u>w</u>
	Enter Florida street addres:	\$	
	, Flo	orida	
	City		Zin Codo

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>	Address	Type of Action
AMBR	Andrews Florist on 4th Street, Inc.	6101 4th Street North	□ Add
		St. Petersburg, FL 33703	■ Remove
			Change
			Add
			Remove
			Add
			☐ Remove
			□ Change
			And And Remove
			Change
			Remove
			Change
	<u></u>		□ Add
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			☐ Change

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this block does not meet the applicable statutory nument's effective date on the Department of State's records.	y filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effect	ive time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	
December 2 A \ 2015	
ed secondo 2	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00