## 15000191018

(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL.
(Bu:	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
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4PR 2 3 2018 J. HARRIS

## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Gulf Coast	Legacy Group, LLC.		
Sebule I.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Gregory Lawrence		
			Name of Person	
		Gulf Coast Legacy Group,	LLC.	
		<del></del>	Firm/Company	<del></del>
		10600 Chevolet Way Suite	223	
			Address	
•		Estero ,Florida 33928		
			City/State and Zip Code	
		gregory3w@gmail.com		
		E-mail address: (	to be used for future annual report notifi	ication)
For further in	nformation c	oncerning this matter, please ca	all:	
Gregory Lav	vrence		239 405-6379 at ( )	
Name of Person Area Code Daytime Telephone Numb		Telephone Number		
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

pears on our records.) ny)
y here:
the designation "LLC" or the abbreviation "L.L.C."
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mark of the state
70) C
25,
on our records, enter the name of the
Florida street address
, Florida
Zip Code

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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change
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Filing Fee: \$25.00