

L16 0000015069

(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



400281802364

02/13/16--01018--007 \*\*43.75

RECEIVED  
FILED  
2016 MAR 14 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 15 2016

S MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2016

NANCY MALSKI  
8558 NAVARRE PARKWAY  
NAVARRE, FL 32566

SUBJECT: GULF COAST VISIONARIES, LLC  
Ref. Number: L16000015069

We have received your document for GULF COAST VISIONARIES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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

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

Stacey M Mason  
Regulatory Specialist II

Letter Number: 716A00003652

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** GULF COAST VISIONARIES, LLC

**DOCUMENT NUMBER:** L16000015069

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NANCY MALSKI

Name of Contact Person

GULF COAST VISIONARIES, LLC

Firm/ Company

8558 NAVARRE PARKWAY

Address

NAVARRE, FLORIDA 32566

City/ State and Zip Code

nrmalski@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT J. BENAQUIS

at ( 850 )

642-2320

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

GULF COAST VISIONARIES 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 January 21, 2016 and assigned Florida document number L16000015069.

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

FILED  
MAR 1 12:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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	Robert J. Benaguis	8558 Navarre Pkwy	<input checked="" type="checkbox"/> Add
		Navarre, Florida 32566	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Billy W. Hutton	1062 Harbor Lane	<input checked="" type="checkbox"/> Add
		Gulf Breeze, Florida 32563	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brad O. Mathis	3758 Chance Court	<input checked="" type="checkbox"/> Add
		Gulf Breeze, Florida 32563	<input type="checkbox"/> Remove
		(changed zip code only)	<input checked="" type="checkbox"/> Change
MGR	Cecil Duaine Arnold Jr.	4928 Hickory Shores Blvd	<input checked="" type="checkbox"/> Add
		Gulf Breeze, Florida 32563	<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  
2015 MAR 14 P 07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

All members have equal shares in LLC.

E. Effective date, if other than the date of filing: 2/16/16 (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 March 7, 2016

Nancy R. Malski

Signature of a member or authorized representative of a member

Nancy R. Malski

Typed or printed name of signee

FILED  
2016 MAR 14 P 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA