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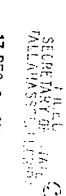
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COVER LETTER

TO: Registration Section Division of Corporations		v
SUBJECT: Gulf Coast	Pro Painters LLC	
	Name of Limited Liability Company	
The enclosed Articles of Amendment an	d fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
Don	Name of Person	
Gulfa	Cast Pro Painters L	<u>LC</u>
1220	SE 174 ST. Address	
Cafe	Coral , FL , 33904 City/State and Zip Code COAST PRO PAINTERS E-mail address: (to be used for future annual	
GULF	COAST PRO PAINTERS E-mail address: (to be used for future annua	CGMATL.COM
For further information concerning this		
Donald C. Cieklins,	<u>k;</u> at (239)_	444-8320
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following an	iount;	
□ \$25.00 Filing Fee \$30.00 F Certifie	ling Fee & S55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &

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

GULFCOAST PRO PA			
(<u>Name of the Limited Liability</u> (Λ Florida I	y Company as it now appears on ou Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L160000 G34G4</u>	ompany were filed on	29/2016 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		 	25.00
(Principal office address MUST BE A STREET ADDRI	ESS)	9	<u>-</u> £
		7	교() 교명-
		20	習得
Enter new mailing address, if applicable:		A	프로
(Mailing address MAY BE A POST OFFICE BOX)		- 	
(muting dialess MAT BE A 1031 OFFICE BOX)	 	<u>-</u>	انارت. — . چ
			(
B. If amending the registered agent and/or registered agent and/or the new registered office address.		records, enter the name of the	new
Name of New Registered Agent:			
New Registered Office Address:			_
	Enter Florida stre	el address	
	City	, Florida	
	City	гар Сове	

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, <u>enter the title, name, and address of each person</u> <u>being added</u> or removed from <u>our records</u>:

MGR = Manager AMBR = Authorized Member <u>Title</u> **Name Address Type of Action** 1220 SE 27th ST CORCORD FL 3964 PT Add AREN DE LARA AMBR _□ Remove ☐ Change ☐ Remove _□ Change _ Add _□ Remove ☐ Change ☐ Add _ Remove _____ Change ☐ Remove _□ Change _□ Add _ Remove

_____ Change

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