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Account Number : I20150000064 Phone : (727)781-7428 Fax Number : (727)214-2814

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Email Address:\_\_\_

debbie@thefaulknerfirm.com

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## **COVER LETTER**

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	Debbie Faulkner, J.D., LL.	М.			
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	The Faulkner Firm, P.A.			9 س	
		Firm/Company		L	
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		Address		- <del></del> -	
	Palm Harbor, FL 34683			<u>:</u>	OKID,
	debbie@thefaulknerfirm.co	City/State and Zip Code			<b>&gt;</b>
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information co	ncerning this matter, please c	all:			
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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

Fax 7272142814

Wed Jul 20 13:31:19 2016

Page 4 of 6

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULFCOAST PARTNE	RSHIP GROUP, LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our rec ida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number L160001416505		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "I	LLC" or the abbreviation CDL.C "
Enter new principal offices address, if applicable:	·	J ARE
(Principal office address MUST BE A STREET ADD	ORESS)	20 S
		PH 9: 3
Enter new mailing address, if applicable:	-	<del> </del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	City	Florida
New Registered Agent's Signature, if changing Register	•	•
Thereby accept the appointment as registered agen		further agree to comply with the

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

From The Faulkner Firm

Fax 7272142814

Wed Jul 20 13:31:19 2016

Page 5 of 6

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

Title	Name	Address	Type of Action
MGR	Robert Calistri	3025 Wister Circle	
		Valrico, FL 33596	■ Remove
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E. Effective date, if other than the	date of filing:	(optional)		
(If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the De	ock does not meet the application	or to date of filing or more than 90 days after filing.) Purs cable statutory filing requirements, this date will s.	suant to 603 not be list	5.0207 (3)(b ed as the
If the record specifies a delayed (b) The 90th day after the reco		ot an effective time, at 12:01 a.m. on t	he earli	er of:
Dated July 20, 2016		<del>Cont</del> rol		
	Belo A 4	auton		
Debbie Faulkner, J.D., L	·	norized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00