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DIVISION OF CORPORATIONS

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## **COVER LETTER**

	stration Section ion of Corporations				
SUBJECT.	Gulf Shore Systems, LLC				
Name of Limited Liability Company					
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.				
Please return al	Il correspondence concerning this matter to the following:				
	Ratchapol Dejthai				
	Name of Person				
	Gulf Shore Systems, LLC				
	Firm/Company				
	7935 Airport Pulling RD N # 4-309				
	Address				
	Naples, FL 34109				
	City/State and Zip Code				
	legal@gulfshoresystems.com				
	E-mail address: (to be used for future annual report notification)				
For further info	ormation concerning this matter, please call:				
Eddie Dejthai	941 281-5988 at ( )				
	Name of Person Area Code Daytime Telephone Number				
Enclosed is a ch	heck for the following amount:				
□ \$25.00 Filii	ing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)				

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

ny as it now appears on our records.) Liability Company)		
were filed on September 01, 2016 and assigned		
ility company here:		
lity Company," the designation "LLC" or the abbreviation "L.L.C."		
7935 AIRPORT PULLING RD N # 4-309		
NAPLES, FL 34109		
7935 AIRPORT PULLING RD N # 4-309		
NAPLES, FL 34109		
Enter Florida street address  Enter Florida street address  Enter Florida street address		
, Florida Co.		

## 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>	Name	Address	Type of Action	
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Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	late of filing:  be specific and cannot be prior to date of filing or more  ck does not meet the applicable statutory filing r  partment of State's records.	(optional) e than 90 days after filing.) Pursuant to 605.0207 (3) equirements, this date will not be listed as the
the record specifies a delayed  b) The 90th day after the reco	effective date, but not an effective tim	ne, at 12:01 a.m. on the earlier of:
Dated September 19	, 2016	
	Ignature of a member or authorized representative of	a mamber
Ratchapol Dejthai	egipting of a member of authorized representative of	a memoti
, · · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00