

L16000207571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

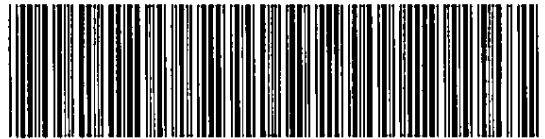
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

✓

Office Use Only



900317857789

09/06/18--01011--009 **25.00

FILED
18 SEP -6 AM 11:58
CLERK OF COURT
TAL LEBRON, CLERK

O. SIMMONS
SEP 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Coast Equipment Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamie Tollison
Name of Person

Gulf Coast Equipment Services
Firm/Company

917 West River Rd
Address

Palatka Florida 32177
City/State and Zip Code

Jamie@gulfcoastequipment.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Tollison at (904) 808-3106
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing 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:
Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

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

Gulf Coast Equipment Services 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 04-24-17
Florida document number L16000207571

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Gulf Coast Marine and Equipment Services LLC

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)

917 West River Rd
Palatka Florida 32177

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

917 West River Rd
Palatka FL 32177

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:

Brandon Neal Estep

New Registered Office Address:

917 West River Rd

Enter Florida street address

Palatka

City

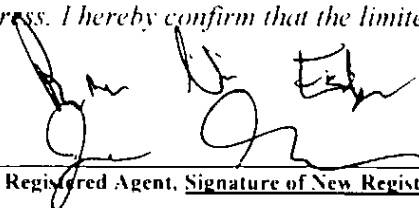
Florida

32177

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

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>
<u>VP</u>	<u>Beandon Neal Estep</u>	<u>917 West River Rd</u>	<input checked="" type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<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
JUN 11 2008
VICTORIA, BRITISH COLUMBIA
S6-6-25

18 SEP -6 AM 11:58
SOUTH COAST
CALIFORNIA

FILED
SEP - 8 AM 11:58
18

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.

Dated _____, _____

Signature of a member of audit committee

Signature of a member or authorized representative of a member

JAMIE TOLLISON

Typed or printed name of signee