L16000232603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 JUL 26 P 2:42

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T. LEBLANC

FOUNTAIN
SCHULTZ &
BRIDGFORD
PLLC
ATTORNEYS AT LAW

KENNETH R. FOUNTAIN | KERRY ANNE SCHULTZ | SCOTT C. BRIDGFORD

Tuesday, June 25, 2019

VIA CERTIFIED MAIL AND REGULAR MAIL
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Gulf Coast Modular Homes, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Amendment for the above-referenced entity. Also enclosed is a check in the amount of $25.00 for filing fee.

Should you have any questions, please advise. Thank you for your assistance in this matter.

Sincerely,
Fountain, Schultz & Bridgford, P.L.L.C.

Kerry Anne Schultz, Esquire

KAS:amf
cc: Client

2045 FOUNTAIN PROFESSIONAL CT., STE. A | NAVARRE, FLORIDA 32566
(850) 939-3535 | (850) 939-3539 *fax*

SANTA ROSA BEACH
(850) 622-2700 | (850) 622-2722 *fax*

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Gulf Coast Modular Homes, LLC

2017 JUL 28 P 2:52

(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 1//1/2017 and assigned Florida document number L16000232603.

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 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 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 or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Acti
AMBR	Lorri C. Golin	1559 West Euclid Avenue	
		DeLand, FL 32720	☐ Add
			■ Remove
			☐ Change
AMBR	Robert Golin	1559 West Euclid Avenue	
		DeLand, FL 32720	■ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: _____ (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 (

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th 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 June 19, 2019.

Lawrence L. Kill

Signature of a member or authorized representative of a member

Lawrence L. Kill

Typed or printed name of signee

Filing Fee: $25.00