

L16000232603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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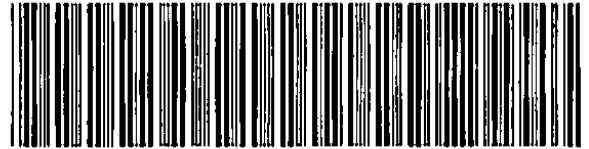
(Business Entity Name)

(Document Number)

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T. LEMAY

**FOUNTAIN
SCHULTZ &
BRIDGFORD**
P.L.L.C.
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

250 JUL 28 P 3 42

(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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Acti</u>
AMBR	Lori C. Golin	1559 West Euclid Avenue	☐ Add
		DeLand, FL 32720	☒ Remove
			☐ Change
AMBR	Robert Golin	1559 West Euclid Avenue	☒ Add
		DeLand, FL 32720	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change

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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 June 19, 2019

Lump Kill

Lawrence L. Kill

Filing Fee: \$25.00