# L1700057966

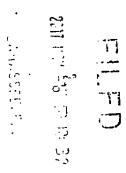
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# **COVER LETTER**

TO: Registration S Division of Co					
	GULF COAST INVESTMEN	T FIRM LLC			
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	PAUL MICHALKOWSK	I			
	<del></del>	Name of Person			
		Firm/Company			
	1209 SW 36TH TERRAC	Е			
	··	Address			
	CAPE CORAL FL 33914				
		City/State and Zip Code		277	-
	E-mail address: (	to be used for future annual report notific	cation) .	٠. يَ	
For further information (	concerning this matter, please c	ali:		ر کر	:
DAVID THOMAS		203 819-3631 at ()	5	: در:	
Name (	of Person	Area Code Daytime	Telephone Number	.,,,	
Enclosed is a check for t	he 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 Filir Certificate Certified C (additional co	of Status lopy	

MAILING ADDRESS:

TO:

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

FLORIDA GULF COAST INVESTMENT FIRM 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  $\frac{03/13/2017}{1}$ and assigned Florida document number L17000057966 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 new registered agent and/or the new registered office address here: DAVID THOMAS Name of New Registered Agent: 4539 SE 35TH CT New Registered Office Address: Enter Florida street address CAPE CORAL \_, Florida <u><sup>33904</sup></u>

## 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.

City

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>	Address	Type of Action
MGR	MARC GAWOR	606 GLEASON PKWY	
		CAPE CORAL FL 33914	■ Remove
			□ Change
MGR	TERRANCE MCFADDEN	606 GLEASON PKWY	`_ <b>. </b>
		CAPE CORAL FL 33914	☐ Remove
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or  If the date inserted in this block does not meet the applicable statutory fil  Cument's effective date on the Department of State's records.	more than 90 day	(optional es after filin ts, this dat	g.) Pursua	nt to 605.020 t be listed as
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12	:01 a.m	. on the	e earlier c
october 10 2017				
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Page 3 of 3

Filing Fee: \$25.00