# L17000184663

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# **COVER LETTER**

	tration Section of Corp			
		JP DEVELOPERS, LLC		
SUBJECT: _		Name of Limi	ited Liability Company	<del></del>
The enclosed /	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return a	ll correspon	dence concerning this matter	to the following:	
		Austin Borsos		
			Name of Person	
		GULF GROUP DEVELOR	PERS, LLC	
			Firm/Company	
		2710 Del Prdo Blvd, S, #2-	-128	
			Address	
		Cape Coral, FL 33904		
			City/State and Zip Code	
		fespositocre@gmail.com		
		E-mail address: (t	to be used for future annual report notif	ication)
For further info	ormation cor	ncerning this matter, please ca	all:	
Austin Borsos			239 673-7372	
	Name of I	Person	at ()	Telephone Number
Enclosed is a c	heck for the	following amount:		
\$25.00 Fil	ing 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 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

GULF GROUP DEVELOPERS, I			
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited 1		3/29/2017 and ass	igned
Florida document number E.17000184663	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability company he	<u>ere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company." the d	designation "LLC" or the abbreviation "L.	1C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)	201	
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			CONTRACT.
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Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	<u>. هـ</u> <u>. پي</u>	
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B. If amending the registered agent and	· · ·	our records, enter the name	of the no
egistered agent and/or the new registered of	office address here:		
Name of New Registered Agent:	Austin Borsos		
	2710 Del Prado Blvd, S, #2-128		
New Registered Office Address:		rida street address	
	Cape Coral	Florida	
	City	FIOTIGA 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.

It 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>	Type of Action
MGR	Recometa, Rafael	2710 Del Prado Blvd, S #2-128	
		Cape Coral, FL 33904	T Remove
			□ Change
MGR	Borsos, Austin	2710 Del Prado Blvd, S. #2-128	N Add
		Cape Coral, FL 33904	Remove
			☐ Change
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Filing Fee: \$25.00