

L17000185693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

JAN 23 2020

Registration Section
Division of Corporations

Gulfshore AMI, LLC

EFFECT: _____
Name of Limited Liability Company

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

I request that you return all correspondence concerning this matter to the following:

Shivon Patel, Esq.

Name of Person

The Principal Law Firm, P.L.

Firm/Company

4907 International Parkway, Suite 1061

Address

Sanford, Florida 32771

City/State and Zip Code

shivon@principallaw.net

E-mail address: (to be used for future annual report notification)

If you have other information concerning this matter, please call:

Shivon Patel at (407) 322-3003

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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

Gulfshore AMI, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 08/30/2017 and assigned
a document number L17000185693.

A amendment is submitted to amend the following:

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

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

14156 Weymouth Run

principal office address MUST BE A STREET ADDRESS

Orlando, Florida 32828

new mailing address, if applicable:

14156 Weymouth Run

mailing address MAY BE A POST OFFICE BOX

Orlando, Florida 32828

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:

Mukesh Patel

New Registered Office Address:

14156 Weymouth Run

Enter Florida street address

Orlando

Florida 32828

City

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

removed from our records:

MR = Manager

MR = Authorized Member

| | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|----|----------------|--------------------------------|--|
| MR | Rajendra Patel | 1211 Elegance Court | <input type="checkbox"/> Add |
| | | Orlando, Florida 32828 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MR | Smita Patel | 14444 Saint Georges Hill Drive | <input type="checkbox"/> Add |
| | | Orlando, Florida 32828 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MR | Mukesh Patel | 14156 Weymouth Run | <input type="checkbox"/> Add |
| | | Orlando, Florida 32828 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

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

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TALLAHASSEE, FL

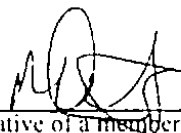
effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

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.

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 document is filed.

dated December 17, 2019.



Signature of a member or authorized representative of a member

Typed or printed name of signee