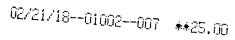
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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporation	ıs		
SUBJECT: Gulf	Coast	EUVODEAN F	Jutomotive
	Name of Emilie	a Elabinity Company	
The enclosed Articles of Amenda	nent and fee(s) are subm	itted for filing.	
Please return all correspondence of	concerning this matter to	the following:	
	Virgini	a Rodlyh	iero
	_ (Firm/Company	
_1	19[600	Hords St.	
\subseteq	Tearwat	er, 71 337.	56
<u>C</u>	ingernd	City/State and Zip Code be used for future annual report notific	Sation)
For further information concerning	9	\mathcal{I}	
Virainia R	codeomen) at 727, 443	1-3343
Name of Person	0	Area Code Daytime	relephone Number
Enclosed is a check for the follow	ing amount:		
	0.00 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

Gulf Coas (Name of the Limited I	jability Company Torida Limited Liab	V O Cas it now appe	ars on our reco	tuto	M	iti	P	LIC
The Articles of Organization for this Limited Liabi Florida document number 474002185	lity Company we		10/3	3/201	<u>7</u> ar	nd assig	gned	
This amendment is submitted to amend the following	ng:							•
A. If amending name, enter the new name of th	e limited liabilit	y company l	<u>iere</u> :					
The new name must be distinguishable and contain the word	s "Limited Liability	Company," the	designation "LL	.C" or the abl	breviati	on "L.L	C."	-
Enter new principal offices address, if applicabl	e: _					<u> </u>	er is to	_
(Principal office address MUST BE A STREET A	DDRESS)				pr **	רדו סכו	45 7 3 2 P	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- <u>X)</u> _ -				1	20 5812 40	672 C	- ' <u>-</u> - -
B. If amending the registered agent and/or registered agent and/or the new registered office		e address o	on our recor	ds, <u>enter</u>	the n	ame o	f the	<u>new</u>
Name of New Registered Agent:	Virg	Inia	Rodegi	vero	. <u> </u>			_
New Registered Office Address:	1009 76	ttord?	S St. Orida street addr	arr				_
-	Clearw	cater		lorida	\sum_{Zip}	37 Code	56	-
New Registered Agent's Signature, if changing Regi	stered 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$\dot{M}GR = M$ $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
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٠			□ Remove
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			Change

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 more than 90 days after filing.) Pursuant to 605 0207 Mee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. The effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. The 90th day after the record is filed.	•						•	_
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Page 3 of 3

Filing Fee: \$25.00