

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H180000370203)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: _____

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JANUARY 2018

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GULF ATLANTIC CONTRACTING LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

HONOR ORIGINAL DATE 01-31-18

FEB 02 2018

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF ATLANTIC CONTRACTING LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

CLAUDIA CARVALHO

Name of Person

GULF ATLANTIC CONTRACTING LLC

Firm/Company

10184 MIMOSA SILK DRIVE

Address

FORT MYERS, FL 33913

City/State and Zip Code

cpepeland@gmail.com

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

For further information concerning this matter, please call:

CHRIS COPELAND

2392408933

at ()

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/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 Atlantic Contracting 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 12/19/2017 and assigned
Florida document number 117000258344

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida 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.

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>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRIS C COPELAND	10184 MIMOSA SILK DRIVE	<input type="checkbox"/> Add
		FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Dated

1/31 2018

Chandi Carver

Signature of a member or authorized representative of a member

Claudio Carvalho

Typed or printed name of signee

850-617-6381

2/1/2018 10:17:36 AM PAGE 1/001 Fax Server

HONOR ORIGINAL DATE 01-31-18



February 1, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GULF ATLANTIC CONTRACTING LLC
10184 MIMOSA SILK DRIVE
FORT MYERS, FL 33913

SUBJECT: GULF ATLANTIC CONTRACTING LLC
REF: L17000258344

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

FAX Aud. #: H18000037020
Letter Number: 818A00002148

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