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## **COVER LETTER**

TO:	Registration S Division of Co	Section orporations		
SUBJI	ECT:	PL GULF DE	EVELOPMENT, LLC	
		Name of L	imited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are st	abmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
			ROBERT E. LYONS	
			Name of Person	
		PL (	GULF DEVELOPMENT, LLC	
			Firm/Company	
		200	001 GULF BLVD., STE 5	
			Address	
		INC	DIAN SHORES, FL 33785	
			City/State and Zip Code	<u> </u>
			CHANDBAYREALTY@TAMPABA	
			(to be used for future annual report noti	fication)
For furt	her information e	oncerning this matter, please o	rall:	
<del>-</del>	ROBERT I	E. LYONS	727 330-7772 at ()	
	Name o	f Person		r Telephone Number
Enclosed	d is a check for th	e following amount:		
<b>≅</b> \$25.	00 Filing Fce	☐ \$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

PL GULF DEVEL	OPMENT, LLC			
(Name of the Limited Liability (A Florida I	Company as it now appe Limited Liability Company	ars on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company were filed on03/13/2018				gned
Florida document number	_·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company h	<u>iere</u> :		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or the abbro	eviation "L.L.	.C."
Enter new principal offices address, if applicable:				9
(Principal office address MUST BE A STREET ADDRE	(22)	· · · · · · · · · · · · · · · · · · ·	- 00	–SE 3SIA
			<del></del>	<del>- 호유</del>
	<u></u>	<del></del>	<u>-</u> -	_유턴~
			_	345 E
Enter new mailing address, if applicable:	_		2	중독근
(Mailing address MAY BE A POST OFFICE ROY)			Ö	<del>- 풍//-</del> 25명
	<del></del>		<u>;</u>	NO.
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on is here:	our records, enter the	e name of	the new
Name of New Registered Agent:				<del></del>
New Registered Office Address:				
L18000065484  s amendment is submitted to amend the following:  If 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 "LLC."  er new principal offices address, if applicable:  ncipal office address MUST BE A STREET ADDRESS)  To read mailing address, if applicable:  If amending the registered agent and/or registered office address on our records, enter the name of the netered agent and/or the new registered office address here:  New Registered Office Address:  Enter Florida street oddress  Florida  Florida  Florida  Florida  Florida  Florida				
	City		Zip Code	<del></del>

# 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>	Address	Type of Action
MGR	ROBERT E. LYONS	20001 GULF BLVD., STE 5	
-			■ Add
		INDIAN SHORES, FL 33785	🖸 Remove
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ote: I	ve date, if other than the ctive date is listed, the date must the date inserted in this blant's effective date on the Dord specifies a delayed 90th day after the receiver date the receiver date.	the specific and cook does not me epartment of Sta	cannot be prior to cet the applicat ate's records.	oic statutory	ming requirem	ents, this date	will not be list	ed a
	AUGUST 8		2242					
ated _			2018	_•				
		Signature of a me	mber or authori	and removed	· · · · · · · · · · · · · · · · · · ·			
		Signature of a me	ALLICE OF AUDION	zeo representa	ittve of a member			

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Filing Fee: \$25.00