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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	GULFSHOP	RE PAVERS LLC		
		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		BRANDON GOMEZ		
			Name of Person	
		GULFSHORE PAVERS LL	С	
			Firm/Company	
		3028 WOODSTOCK AVE		
			Address	
		NAPLES, FL 34120		
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notific	cation)
For further in	iformation coi	ncerning this matter, please ca	all:	
BRANDON	GOMEZ		786 262-9699	
	Name of 1	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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

TO:

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

GULFSHORE PAVERS LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our reco ited Liability Company)	rds.)	_
he Articles of Organization for this Limited Liability Comp.	any were filed on 08/21/2018	and	l assigned
Torida document number L18000199743			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
he new name must be distinguishable and contain the words "Limited L	.iability Company," the designation "LI	LC" or the abbreviatio	n "L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	i)	· .	- S
		•	OCT -
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inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		- -	Ŀ>
		:-	<u></u>
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address l		ds, enter the na	me of th
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter Florida street addr	ress	
	ı	Florida	
	, E	Zip C	ode

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	BRANDON GOMEZ	3028 WOODSTOCK AVENUE NAPLES, FL 34120	
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	08/21/2018			
Effective date, if other than the d If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	oe specific and cannot be prior k does not meet the appli	cable statutory filing	(optional) e than 90 days after filing.) Pur requirements, this date will	suant to 605.020 not be listed a
he record specifies a delayed of The 90th day after the recor		ot an effective tir	ne, at 12:01 a.m. on t	the earlier o
OCTOBER 16	2018			
-		_		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00