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2019 JAH 22 AM 10: 1 SECRITATION SHEWEN

COVER LETTER

Division of Corpo	orations		
SUBJECT: Gul	P West Gro	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Killiav	r Cowart	
		Mama of Daguera	
	Gulf L	Jest Group L	LC
		_	
	25/2 Con	nuallis Aue	SŁ
	Roanoke Gulfwes E-mail address:	City/State and Zlp Code Lar Cup II Code to be asset for future annual reportmoniting	Mail.Com
For further information cor	cerning this matter, please ca	all:	
Killian C	cwart	at (843) 513 · Area Code Daytime	- 09 Z 7 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

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

ARTICLES OF ORGANIZATION OF 2019 JAN 22 AM 10: 17

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 12/3/2018 and assigned Florida document numberL18000278264
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:
Nater 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 805, 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

MGR = Manager AMBR = Authorized Member Type of Action Address Title MGR/Acsident James Couart 2315 Stanford Court Andu Suite 30Z Naples, FL 3411Z Change 2512 Cernwell's Ave SE Add VP Killian Cowart
Senier Vice President Roancke, UA Z4014 Remove _Change □ Add _□ Remove Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add □ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
C. Effective date, if other than the date of filing: (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.
f the 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 record is filed.
Dated
Signature of a member or authorized representative of a member
Killian Cowalt
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00