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Office Use Only

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COVER LETTER

TO: Registration Second Division of Corp	porations		
SUBJECT:	If South Pix Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Adrian Ste	wort	
		Name of Person	
	Gulf South	Firm/Company	
		Firm/Company	
	2411 Executive	Plaza Dr.	
	Persucola, FL	Plazs Dr. Address 32535 City/State and Zip Code 2 3 msi/. Com to be used for future annual report notif	
	g ulfsouthpix 6	City/State and Zip Code 3 mail. Com to be used for future annual report notif	leation)
For further information co	oncerning this matter, please c		
Adrian Ste	wort	at (727) 322 · Area Code Daytime	1928
Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION - OF

(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 Florida document number 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:
The Articles of Organization for this Limited Liability Company were filed on Florida document number 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:
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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:
Enter new principal offices address, if applicable:
DATE OF THE MAJOR DE AGENCIET AND DEGE
(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 oddress
, Florida

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 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	Corleone, Maiko	2012 Crown Pointe Blud	
		2012 Crown Pointe Blud Pensscola, FL 32506	S Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(lt`an eff Note:	ive date, if other than the date of filing:
he recor	d 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 led.
Dated	January 10, 2024 Signature of a member or authorized representative of a member
	Lateran Steer me
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Advisor Stawart
	Typed or printed name of signee

Filing Fee: \$25.00



December 12, 2023

ADRIAN STEWART 2411 EXECYTUVE PLAZA RD. SUITE C PENSACOLA, FL 32504

SUBJECT: GULF SOUTH PIX, LLC

Ref. Number: L19000035727

We have received your document for GULF SOUTH PIX, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6050.

Anissa Butler Regulatory Specialist II

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Letter Number: 223A00028226