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(Re	equestor's Name	)
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SEP 0 6 2019

S. YOUNG

2019 SEP -6 AH 8: 54

## **COVER LETTER**

SUBJECT: Gulf (best Building and Rootins LLC Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for tiling.  Please return all correspondence concerning this matter to the following:  Tama Boying to Name of Person  Gulf (oast Building and Roofing LLC)  Firm/Company
Please return all correspondence concerning this matter to the following:  Tames Boying to Name of Person  Gulf (oast Building and Roofing LLC)
James Boyineton Name of Horson  (Fulf Coast Building and Roofine LLC
Gulf Coast Buildine and Routine LLC
Gult Coast Building and Kowling LCC 1873 Mill St R9
1873 mill St R9
Address
Talahassee FJ 32347 City/State and Zip Code  der et @ cult coas + building. net  E-mail address: (10 be bsed for future annual report boldiestron)
For further information concerning this matter, please call:
James Boy Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee.  Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Company (A Florida Limited Liab	a) it now appears on our records.)  and the company)
The Articles of Organization for this Limited Liability Company we Florida document number 190003779	ere filed on $2 - 15 - 19$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  The new name must be distinguishable and contain the words Limited Liability  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 BON)  B. If amending the registered agent and/or registered office	ce 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
	Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with सार्व ovided for in Chapter 605, F.S. Or, प्र this docum <b>en</b> t is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder or removed from our records:

or removed	from our records:		
MGR = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
MGR	James Bayingt	3191 Metinly	
	J V	maddox Rd.	Remove
		3191 Milinly Maddox Rd. Perry F1. 32347	Change
<del></del>			□ Add
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	 Change
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\_☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•
E. 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 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.
If 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 Septembry 6 2019 Signature of a member or authorized representative of a member
Tanis Boying to Typph or printed name of signee

Page 3 of 3

Filing Fee: \$25.00