LZ0000089246

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CF 8/14/2022

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	GULFCOAST	Mohrsports Li	Lc
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHAV	replan GROWN	
	1	Name of Person	
	GULF	-const dichersport	3 LLC
		Firm/Company	
	3/3	LADKOUT DOWNT	idr.
		Address	
	5	City/State and Zip Code (ESTAC) b C	MAIL, COM
		·	fication)
Division of Corporations (1) FCOAST MALES TOTAL ()			
CHAIHophe	in BRAUN	at (944) 778	-7770
name c	n reison	Area Code Dayum	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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 111 1 1

14

(3 ULFCOAST OLGONSPORTS LLC 2022 500 -6 PH 12: 1
(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 3/21/2020 and assigned Florida document number 420000389246
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 "LLC.". Enter new principal offices address, if applicable: 803 S. TAMIAUI TRAIC
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS) WHEY The STREET ADDRESS
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX) 3/3 LOCKOUT DOWN 191. QCPEY, FL 34229
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent: CHAIRSTOPHER GOODS New Registered Office Address: 3/3 LOOKOUT DOINT DE.
New Registered Office Address: 3/3 LOOKOUT POINT WE. Enter Florida street didress

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	DOUBLIS D. KILIAN	NOKONIS, FL 34229	□Add
<u> 16</u>	CHAISOCHEL J. BROWN Christopher J. Brown	313 LECKERT DEVNT 1. OSPRBY, FZ 31229	☐ Change ☐ Add ☐ Remove
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			□Change

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an effection	e date, if other than the date of filing:
l is file	
	5/25/2022
ated _	
	Signature of a member or authorized representative of a member

Typed or printed name of signee