L20 COC 149671

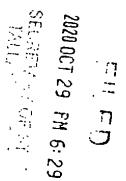
(Requestor's Name)
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(Document Number)
(Excession Number)
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COVER LETTER

Division of Corporations	
SUBJECT: Gulfside Capital Partners, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Christopher Troutner Name of Person	
Grulfside Capital Partness, LLC.	
3570 Olney Laytorsville Rd STE 1502	
Chris a Keyreal estate par theis . (om Email address: (to be used for future annual report notification)	
Chris a Keyreal estate par thes . (om Email address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Christopher Transfer at (301) 337-0199 Kame of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee S S55.00 Filing Fee S S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

TO:

Registration Section

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

Grulfside Capital Partners, LLC

(<u>Name of the Limited Liab</u> (A Flori	ida Limited Liability Company)	our records.)						
The Articles of Organization for this Limited Liability Company were filed on								
						The new name must be distinguishable and contain the words "L	imited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
						Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)							
		17. 82 0						
		5# 8 m						
Enter new mailing address, if applicable:		7. 7.						
(Mailing address MAY BE A POST OFFICE BOX)		् च						
		<u> </u>						
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, enter the name of the new registe						
Name of New Registered Agent:								
New Registered Office Address:								
	Enter Florida :	street address						
		Florida						
	City	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 to 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 or removed	Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name, and address of e</u>	ach person being		
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Actio		
MGR	CTM Capital, LLC	25,20 N McNUlen Book	U R □ □ Add		
		STE B 214 Clegrisater, FC 3376/	Remove		
		Clegrinater, FL 3376/	□Change		
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(If an el Note:	tive date, if other than the date of filing: 9/25/200 (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
the reco	rd 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 iled.
Dated	October 26th 2020. Okwetphe Trouters
	Signature of a member or authorized representative of a member Christopher Troutner Typed or printed name of signer