

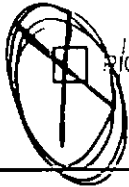
L20000226399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



☒ PICK-UP

☐ WAIT

☐ MAIL

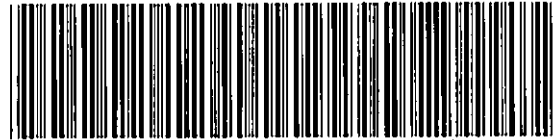
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 APR -7 AM 10:22

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O SIMMONS
APR 08 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLFCOAST TRANSIT L. L. C
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:

TREYVON J ROLLINS

Name of Person

GOLFCOAST TRANSIT

Firm/Company

1950 NORTH POINT BLVD 516

Address

TALLAHASSEE, FL. 32308

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TREYVON ROLLINS 850 6921952
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

GULFCOAST TRANSIT L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 APR -7 AM 10:22

The Articles of Organization for this Limited Liability Company were filed on JULY 29, 2020 and assigned
Florida document number 1.20000226399.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GULFCOAST TRANSIT L.L.C.

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)

1950 NORTH POINT BLVD

516

TALLAHASSEE, FL. 3208

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1950 NORTH POINT BLVD

516

TALLAHASSEE, FL. 32308

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:

TREYVON J ROLLINS

New Registered Office Address:

1950 NORTH POINT BLVD

Enter Florida street address

TALLAHASSEE

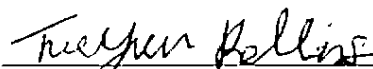
Florida 3208

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 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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TREYVON J ROLINS	1950 NORTH POINT BLVD -	<input type="checkbox"/> Add
		516	<input type="checkbox"/> Remove
		TALLAHASSEE, FL. 32308	<input checked="" type="checkbox"/> Change
MGR	LATERRICKA R MOYE	1518 MARTIN LUTHER KING JR BLVD	<input type="checkbox"/> Add
		QUINCY, FL. 32351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 APR -7 AM 10:22


F. Effective date, if other than the date of filing: _____ (optional)

(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.

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 APRIL 05 2021

 4/7/21
Signature of a member or authorized representative of a member

TREYVON J ROLLINS

Typed or printed name of signee