Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 30A CONSTRUCTION GROUP LLC

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

30A Construction Group LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L20000284795</u>	mpany were filed on 09/11/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Gulf Coast Water & Fire LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviating "L.L.C."
Enter new principal offices address, if applicable:		S
(Principal office address MUST BE A STREET ADDRE	ESS)	
		A A
Enter new mailing address, if applicable:		9.5
(Mailing address MAY BE A POST OFFICE BOX)		37 102
1,74411112		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter t</u> l	ne name of the new registere
<u>- </u>		
New Registered Office Address:	Enter Florida street address	
	. Flor	2.4
	, F101	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coacept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capacity. I furt mplete performance of my duties, and ent as provided for in Chapter 605, F	I I am familiar with and S. Or, if this document is
	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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
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