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(Requestor's Name)
(Address)
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(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2021

JAMES ROBERT WHEELER III 11395 N. ROBLE PT. CITRUS SPRINGS, FL 34434

SUBJECT: GULF COAST MACHINE WORKS LLC

Ref. Number: L21000032245

We have received your document for GULF COAST MACHINE WORKS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 321A00009457

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guff Coast Mac	Aine Works LLC Jability Company as it now appears on our records.) Torida Limited Liability Company)
- (X F	Torida Limited Liability Company)
The Articles of Organization for this Limited Liabil	lity Company were filed on $9/6/2021$ and assigned 5
Florida document number <u>L 2100003224</u>	<u>5</u>
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the	e limited liability company here:
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	2:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<u>Y)</u>
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	James Robert Wheeler 11
New Registered Office Address:	11345 N ROSIC PT Enter Florida street address
_	11365 N ROBIC PT Enter Florida street address CITYUS SPCINGS, Florida 34434 Zip Code
New Registered Agent's Signature, if changing Regi	

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

Changing Registered Agent, Signature of New Registered Agent

ir 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
AMBR	James Abbert Wheeler 111	11395 N ROBLE Pt CHOUS Springs FL	34734 Add
			□Remove
Ambr	James Wheeler	11395 NRObje Ptcitrus Spring SFL	-43.4 ☐ Add
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n effective date is lister	d, the date must be specificed in this block does	ic and canno	ot be prior to date on	f filing or	more than 90 day	s after filing.) Purs	uant to 605.020
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ecord specifies a del is filed.	ayed effective date, bu	it not an ef	fective time, at 1	2:01 a.m	a. on the earlier	of: (b) The 90ti	h day after th
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