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## **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJI	ECT:	Gulf Coat Name of Lim	Condo Rentals, ited Liability Company	LLC	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Jason	Parkhurt Name of Person		
		Gulf	Coat Condo Rento	als, LLC	
		318 C	edar St Address		
		Destin,	FL 32541 City/State and Zip Code		
		Jpak 76 I-mail address: (	Chotmail. com to be used for future annual report not	ification)	
For fur	ther information c	oncerning this matter, please ca	all:		
Ja	Name o	Uhurt Person	at ( <u>850</u> ) <u>543</u> - Area Code Daytin	ne Telephone Number	(P)
Enclos	ed is a check for th	ne following amount:		2021 MAR	T
\$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed.	

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Gulf Coast Condo Mentals, I	L(			
(Name of the Limited Liability Company as it now appears on o (A Florida Limited Liability Company)	mr records.)	-		
The Articles of Organization for this Limited Liability Company were filed on	6, 1, 21	<b>0}</b> -} a	nd assigi	ned
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 designa	tion "LLC" or the	e abbreviati	ion "L.L.C	· · ·
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				<del></del>
B. If amending the registered agent and/or registered office address on our record agent and/or the new registered office address here:	s, enter the n	ame of th	Zev r	egistered
Name of New Registered Agent:		:		
New Registered Office Address:		•	D	
Enter Florida stre	eet address , Florida	روسائ چې	<u>ئ</u> 35	<u> </u>
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

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
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			□Remove
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			<del></del>		2021 MAR
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in effective date is listed ote: If the date inser	er than the date of fi I, the date must be specific ted in this block does n	e and cannot be prior to	date of filing or more t	han 90 days after filing	2.) Pursuant to 605.0207
cument's effective d	ate on the Department	of State's records.	in annual y ming fer	junements, uns dat	San thor San track as
				<u>:</u>	į · · · · · ·
ecord specifies a delt is filed,	iyed effective date, but	not an effective time	e, at 12:01 a.m. on th	ie earlier of; (b) T	he 90th day after the
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ned March	, Б	_ 2011	· ·		
	وسسي	<i>¹ /</i> 5 ) ///	7		
		(K-U/D	82		
	Signature o	of a member or authorize	zed representative of a	member	<del></del>

Filing Fee: \$25.00