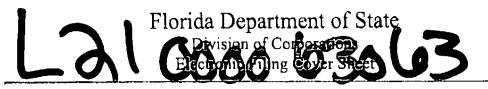
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMITER & SINGER, LLP

Account Number : I20000000085 Phone : (561)626-4742 Fax Number : (561)626-4742

**Enter the email address for this business entity to be used for future

Email Address: <u>Gulfcoastemra@gmail</u> Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GULF COAST PMRA LLC

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19

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clart of the Lin	ted Liability Comps (A Florida Limited	lay as it now uppears on Linbility Company)	our records.)		
The Articles of Organization for this Limited I Florida document number 1.21000063063				and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited list	illiv company bere:			
The new name raust be distinguishable and contain the	words "Limited Lusbi	lity Company," the design	nation "LL,D" or the	abbreviotion "L.L.C."	_
Enter new principal offices address, if appli		9369 Golden Rain I.			
(Principal office address MUST BE A STRE		Ft. Myers, FL 3396	7	14.00	<u> </u>
Enter new mailing address, if applicable:		\$8:ne		181 803 87707	- 3 3 3
(Mailing address MAY BE A POST OFFICE	E BOXO			35: P	=
B. If amending the registered agent and/or	wanishand affice	address an our reco	rds enter the na	SC Science of the new realist	T I
agent and/or the new registered office addr	ess here:	2021032 477 477		17.44 1.44	
Name of New Registered Agent:	VIOLETA CA	LHOUN			
New Registered Office Address:	9369 Golden F	Rain Lune	इत क्टा address		
	Ft. Myers	61.00° 1.00° 100°	, Florida	13967	
	, 	City		Zip Çode	

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

Title	Name	Address	Type of Action
MGR	VIOLETA CALHOUN	9369 Golden Rain Lane	÷ ≅Add
		Ft Mycrs, FL 33967	
			Change
MGR	ROBERT D. MEHRBERG	5166 Pimlico Lane, Apt. 302	LIAdd
		Ft. Myers, FL 33966	
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			□Кетюче
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