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FILED 2021 OCT 22 AM 2: 28 SECRITARY OF STATE

COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
elib ie		ın, Gulf Coast Real Estate, PLI	.c	
SUBJE	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Lori Copelan		
			Name of Person	
			Firm/Company	
		1956 Crown Ponte Blvd	_	
			Address	
		Pensacola, FL 32506		
			City/State and Zip Code	
		loricopelan@CopeSellsThe	Coast.com to be used for future annual report no	ntification)
For furt	her information c	oncerning this matter, please co		
Lori Co	pelan		850 503-9238 at ()	
	Name o	f Person		me Telephone Number
Enclose	d is a check for the	he following amount:		
□ \$2 5	i.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Circle \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	laction
	Registration 5 Division of C		Registration S Division of C	
	P.O. Box 632	-	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 22 AH 2: 29

Lori Copelan, Gulf Coast Real Estate, PLLC

(Name of the Limited Liability Company as it now appears on our records.) TALL AHASSEE. FLUE

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	pany were filed on 03/01/2021	and assigned
Florida document number L21000099729		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Lori Copelan, PLLC		
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 ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Mice address on our records, <u>enter i</u>	the name of the <u>new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Fl o	orida Zip Code
		- r

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 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>	<u>Address</u>	Type of Action
			□Add
		<u></u>	□Remove
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Tective date, if other than the effective date is listed, the date made: If the date inserted in this learners's effective date on the	ust be specific and cannot be pr block does not meet the app	nor to date of filing or me licable statutory filing	re than 90 days after film	ng.) Pursuant to 605.020
ccord specifies a delayed effect is filed.	ive date, but not an effective	e time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
October 20	2021			
Vori Co	Signature of a member or au	·		
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Filing Fee: \$25.00