

L210000104510

(Requestor's Name)

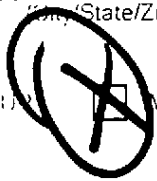
(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

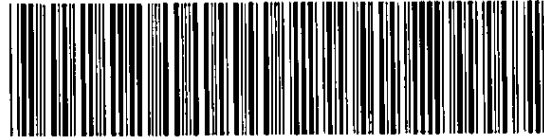
(Document Number)

Certified Copies _____

Certificates of Status _____

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05/18/21--01009--022 **55.00

FILED

2021 MAY 18 PM 1:24

CLERK OF COURT
JACKSONVILLE, FLORIDA

RECEIVED

2021 MAY 18 PM 1:20



JACKSONVILLE, FLORIDA

cc
Amend

MAY 18 2021

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulfshore Plumbers LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Malcolm J. Laborde III
Name of Person

Gulfshore Plumbers LLC
Firm/Company

5949 Chicory Ct
Address

New Port Richey FL 34653
City/State and Zip Code

~~Malcolm J. Laborde III~~ Gulfshoreplumbers@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Malcolm Laborde at (813) 399-8622
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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
(additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2021 MAY 18 PM 1:24
TALLAHASSEE, FL

Gulfshore Plumbers LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/3/21 and assigned
Florida document number 621000104510.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

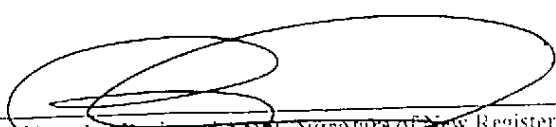
_____, Florida

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

IGR = Manager
MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u> OWNER	<u>Adrian Ugalde-Rodriguez</u>	<u>11813 vera cne tampa</u>	<u>33618</u> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u> OWNER	<u>Malcolm Joseph Laborde III</u>	<u>5949 Chicory Ct Newport Richey</u>	<u>34653</u> <input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Melissa M Stout</u>	<u>22233 Breaker Point Ln Land O Lakes</u>	<u>34639</u> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated: May 19, 21.

Signature of a member or authorized representative of a member.

Malcolm J Labonte IV