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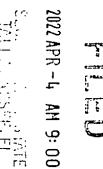
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COVER LETTER

Registration Section

Division of Corporations

TO:

	folutions, LLC	•	. ~
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Charles Grimm		
		Name of Person	
	Gulfeide Solutions, LLC		
		Firm/Company	
	11145 Thrasher Ave		
		Address	
	Weeki Wachee, FL 34614		
	 	City/State and Zip Code	
	charles.grimm111@gmail.c		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Charles Grimm		910 494-7578 at ()	
Name	of Person	Area Code Daytim	ne 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Gulfside Solutions, LLC		2022 ADD .
(Name of the Limited Liabil (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	S=1/ AM 9: 0
The Articles of Organization for this Limited Liability (Florida document number 1.21000355299	Company were filed on August 06, 2021	2022 APR - 4 AM 9: 0 SECTION TALL TALL and assigned F.F.L.
This amendment is submitted to amend the following:	 ·	
A. If amending name, enter the new name of the lin	nited liability company here;	
Gulfside Solutions LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

		en
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
_	Florid:	a
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and L agent as provided for in Chapter 605, F.S. red office address, I hereby confirm that th	am familiar with and Or, if this document is

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>	<u>Address</u>	Type of Action
AMBR	Jimmy Weber	11369 Estancia Villa Cir. Unit 104	≣Add
		Jacksonville, FL 32246	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			🗆 Add
			Remove
			□Change
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ective date, if other n effective date is listed.	than the date of	filing:	rior to date of tiling	or more than 90 days	optional) safter filing A Pursuant	ю 605.0207
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cument's effective da	e on the Departmer	nt of State's reco	rds.			
ecord specifies a delay is filed.	red effective date, b	ut not an effectiv	e time, at 12:01 a	.m. on the earlier	of: (b) The 90th da	y after the
is med.						
29 March		2022				
ted			·			
Clu	who signatures consider the signature of	/h ~_				
	Signatur	e of a member or a	uthorized represent	ative of a member		