[21 200 526 841

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
g chies.
2686

Office Use Only



600434919886

08/19/24--01021--002 **125.00 Ret a/10/24

24 SEP 10 AM 5: 50

COVER LETTER

TO: Registration Section

Division o	f Corporations		
	Coast Specialties LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Article	es of Amendment and fee(s) are s	submitted for filing.	
Please return all cor	respondence concerning this matt	ter to the following:	
	Jamie Christine		
		Name of Person	
	Gulf Coast Specialties L	nendment and fee(s) are submitted for filing. ence concerning this matter to the following: Jamie Christine Name of Person Gulf Coast Specialties LLC Firm/Company 1144 W. Nine Mile Rd Address Pensacola, Fl 32534 City/State and Zip Code gulfcoastspecialties@yahoo.com E-mail address: (to be used for future annual report notification) terming this matter, please call: at (
		Firm/Company	
	1144 W. Nine Mile Rd		
		Address	
	Pensacola, Fl 32534		
		City/State and Zip Code	
	E-mail address	: (to be used for future annual report not	ification)
For further informat	ion concerning this matter, please	call:	
Jamie Christine			
Na	me of Person		ne Telephone Number
Enclosed is a check	for the following amount:		
S25.00 Filing Fe		Certified Copy	Certificate of Status & Certified Copy
Division of P.O. Box	on Section of Corporations	Registration Se Division of Con The Centre of T	rporations Callahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gulf Coast Specialties LLC			
(Name of the Lim	(A Florida Limited	any as it now appears on our Liability Company)	r records.)
he Articles of Organization for this Limited		were filed on	and assigned
orida document number L21000520871			
nis amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited liab	oility company here:	
7/A			
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	 	
Principal office address MUST BE A STRE	ET ADDRESS)	N/A	
			, N
			1.1. S.7
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)	N/A	, O 🗓
			2, 1 . 1
. If amending the registered agent and/or	registered office a	address on our records,	enter the name of the new regis
ent and/or the new registered office addre	ess here:) ,
	N/A		
Name of New Registered Agent:	1477	••	
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:

IT 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
MGR	VICTOR D. LINDSEY SR	1144 W. NINE MILE ROAD	DAND NO CHANGE
		PENSACOLA, FL 32535	CHANGE
			□Change
MGR	JOHN T. CHRISTINE JR	1144 W. NINE MILE ROAD	MAdd
		PENSACOLA, FL 32535	□ Remove
			Change
AMGR	JAMIE CHRISTINE	1144 W. NINE MILE ROAD	□Add
		PENSACOLA, FL 32535	□Remove
			⊠Change
			[]Add
			□Remove
			□Change
		<u> </u>	□Add
			Remove
			□Change
			□Add
			Remove
			[]Change

If amending any other infor	nation, enter change(s) here:	(Attach additional sheets, if nece	essary.)
			
			
-			
 			
	 		
· · · · · · · · · · · · · · · · · · ·			
		 	
		·	
	· · · · · · · · · · · · · · · · · · ·		
·			
f an effective date is listed, the date n	block does not meet the applicable	date of filing or more than 90 days after the statutory filing requirements, this	filing.) Pursuant to 605.0207
record specifies a delayed effect d is filed.	ive date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
8/10/24 Pated	7:00am		
	Signature of a member or authoriz	ed representative of a member	
Jamie Christine)		
	Typed or printed r	name of signee	

•

Filing Fee: \$25.00

COVER LETTER

	Registration Se Division of Cor			
SUBJEC		Specialties LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Jamie Christine		
			Name of Person	
		Gulf Coast Specialties LLG	С	
			Firm/Company	
		1144 W. Nine Mile Rd		
			Address	
		Pensacola, Fl 32534		
			City/State and Zip Code	
		- · · · · · · · · · · · · · · · · · · ·		
		Name of Limited Liability Company rticles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: Jamie Christine Name of Person Gulf Coast Specialties LLC Firm/Company 1144 W. Nine Mile Rd Address Pensacola, Fl 32534 City/State and Zip Code gulfcoastspecialties@yahoo.com E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call: 1850 at (197-3348 Area Code Daytime Telephone Number ceck for the following amount: ag Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is caclosed)		
For further	r information co	ncerning this matter, please ca	all:	
Jamie Chr	ristine			
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed i	s a check for the	e following amount:		
+\$25.0€) Filing Fee	_	Certified Copy	Certificate of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gulf Coast Specialties LLC			
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears on our l Liability Company)	records.)
The Articles of Organization for this Limited Liab	ility Company	were filed on	and assigned
Florida document number L21000520871	 -		
his amendment is submitted to amend the following	ng:		
. If amending name, enter the new name of th	e limited liab	ility company here:	
N/A			
he new name must be distinguishable and contain the word	s "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:		
Principal office address MUST BE A STREET A	(DDRESS)	N/A	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	N/A	
If amending the registered agent and/or regis	stered office a	ddress on our records, <u>e</u>	nter the name of the new regist
gent and/or the new registered office address h	<u>ere</u> :		
Name of New Registered Agent:	N/A		
			
New Registered Office Address:		Enter Florida street a	ddrass
		Liner Florida Sireel B	ແມ ເວ
_		City	, Florida Ziv Code
		City	Zip Coae

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
MGR	VICTOR D. LINDSEY SR	1144 W. NINE MILE ROAD	DANGE
		PENSACOLA, FL 32535	☐Remove
			□Change
MGR	JOHN T. CHRISTINE JR	1144 W. NINE MILE ROAD	∑ Add
		PENSACOLA, FL 32535	Remove
			Change
AMGR	JAMIE CHRISTINE	1144 W. NINE MILE ROAD	
		PENSACOLA, FL 32535	□Remove
			⊠ Change
			🗆 Add
			Remove
			☐ Change
	131 - 137 -		□ Add
			Remove
			☐ Change
			□Add
			□Remove
			Change

			<u> </u>		
					•
					······································
					
····		-			
			-	-	

	 -				
			·····		
	· · · · · · · · · · · · · · · · · · ·			-	
ffective date, if other th	an the date of filing:			(optional)	
an effective date is listed, the content of the date inserted in ocument's effective date or	late must be specific and co this block does not me	annot be prior to date et the applicable s	of filing or more than 9	0 days after filing.) Pursua	nt to 605.020 t be listed as
record specifies a delayed of is filed.	effective date, but not ar	n effective time, at	12:01 a.m. on the ear	rlier of: (b) The 90th (day after the
8/10/24 ated		7:00am			
	,	<u> </u>			

Typed or printed name of signee