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COVER LETTER

TO: Registration S Division of Co			
	laterials LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Jeanie Crouch		
		Name of Person	
	Gulfside Materials LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	105 Durango Road		:
		Address	
	Destin, FL 32541		
		City/State and Zip Code	
	gsmaterials7@yahoo.com		
For further information of	e-man address: () concerning this matter, please ca	to be used for future annual report no	tification)
Jeanie Crouch		850 6859574	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Fiting 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 Pegistration		Street Address:	action
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 6327		The Centre of	Tallahassee
Tallahassee, 1	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULFSIDE MATERIALS 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 5/27/2022 and assigned 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 "Ll.C" 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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	CHRISTOPHER GOINS	419 SIBERT AVENUE	≣Add
		DESTIN, FL 32541	□ Remove
		· · · · · · · · · · · · · · · · · · ·	
MGR	JAYME CROUCH	105 DURANGO ROAD	■Add
		DESTIN, FL 32541	
			Change
		·	□Add
			□ Remove
			☐Change
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			☐ Change
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Filing Fee: \$25.00