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COVER LETTER

TO:

	legistration Se Division of Cor			•
CHD IECT		EZE MOBILE HOME SALES	S, LLC	
SUBJECT	ı:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspo	ndence concerning this matter	to the following:	
		AUDREY E DURNER		
			Name of Person	
		GULF BREEZE MOBILE	HOME SALES, LLC	
			Firm/Company	
1497 MAIN STREET SUITE 180				
			Address	
		DUNEDIN, FL 34698		
			City/State and Zip Code	,
		gulfbreezemhs@gmail.com		
		E-mail address: (to be used for future annual report no	outication)
For further	r information c	oncerning this matter, please ca	all:	
AUDREY	E DURNER		423 220-6547 at ()	
	Name o	f Person		me Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00	0 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)
	<u>Iailing Addres</u> Registration S		Street Address: Registration S	ection
Division of Corporations		Division of Corporations		
	O. Box 632		The Centre of	
Γ	`allahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULF BREEZE MOBILE HOME SALES, LLC

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on 11	/08/2022	_ and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	ere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	esignation "LLC" or the abbreviation "L.L.C." esignation "LLC" or the abbreviation "L.L.C." ecords, enter the name of the new registered and street address	
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:	registered office address on our i	10C	III
New Registered Office Address:	1575 FIFE CT		
	Enter Flo	orıda street address	
	DUNEDIN	, Florida 34698	3
New Registered Agent's Signature, if changing	City Registered Agent:		Zip Code
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of istered agent as provided for in e registered offiqe address, I here	f my duties, and I am fan Chapter 605, F.S. Or, if	niliar with and this document is

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	RUTH A ANGLE	1575 FIFE CT	□ Ađd
		DUNEDIN, FL 34698	ERemove
			□Change
			□Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□ Add
			□Remove
			□Change

				
				
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Effective date, if other than th	JUN 1.	2024	(option	nal)
(If an effective date is listed, the date m	ust be specific and cannot be	prior to date of filing or i	nore than 90 days after t	iling.) Pursuant to 605.0207 (
Note: If the date inserted in this			ng requirements, this	date will not be listed as the
document's effective date on the	Department of State's recu	ords.		
the record specifies a delayed effect	ive date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ord is filed.				
MAY 22ND	2024			
		<u> </u>		
//				
- fudy	Signature of a member or	authorized representative	e of a member	
ο ()	Signature of a memoer of	authorized representativ	e or a member	
Linne	Signature of a member or Y E DORNA Typed or p	CIR-		
1017100	Typed or	printed name of signee		.

Filing Fee: \$25.00