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COVER LETTER

TO: Registration Se Division of Con			
	t Distributors, LLC		
SUBJECT:	Name of Lin	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	lan Prukner		
		Name of Person	
	Gulf Coast Distributors		? ^^^
		Firm/Company	: ;
	763 Tropical Circle		
		Address	
	Sarasota, Florida 34242		
		City State and Zip Code	
	pruknerpfs@gmail.com		
For further information c	E-mail address (oncerning this matter, please c	to be used for future annual report n	otification)
Jon Silver		248 546-2800	
Name c	of Person	at ()	time Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	12 S30.00 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>Mailing Addre</u> Registration		Street Address: Registration S	
Registration Section Division of Corporations		Division of C	
P.O. Box 631		The Centre o	
Tallahassee,	F1, 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gulf Coast Distributors, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/12/2022	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	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:		ىد
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		٠
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	Cny	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

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

Title	<u>Name</u>	Address	Type of Action
AMBR	lan Prukner	763 Troipcal Circle	□Add
		Siesta Key. Florida 34242	■Remove
			□Change
AMBR	Champion E-Com, LLP	609 Main Street, Suite 2500A	■Add
		Houston, Texas 77002	□Remove
			Change
	<u> </u>		□ Add
			□Ądd
			□Remove
	··· - · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			□Change
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etive date, if other than the streetive date is listed, the date in serted in this ment's effective date on the	block does not me	et the applicab					
ord specifies a delayed effectiled.	ive date, but not ar	a effective time	e, at 12:01 a.i	n, on the earlier	of: (b) The 90	th day after the	
January 10 d		2023	. •				
	12/1	-					

Filing Fee: \$25.00