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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Repair Name and Address Cha Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	-		
	Wayne Williams			
	C ISL . n '	Name of Person		
	Gulfshore Repair	Firm/Company		
	8805 Tamiami Trail N. #5	07 Address		
	Naulas El 24109	Address		
	Naples FL 34108	City/State and Zip Code		
	GulfshoreClosets@gmail.co	•		
		to be used for future annual report not	tification)	
For further information c	oncerning this matter, please c	all:		
Wayne Williams	O.D.	at (727) 2535253 Area Code Daytin	Talle	
name o	f Person	Area Code Dayun	ne Telephone Number	
Enclosed is a check for the	ne 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 Addres	_	Street Address: Registration Se	ection	
Registration Section Division of Corporations		-	Division of Corporations	
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Gulfshore Repair LLC

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

Florida document number <u>L23000000763</u>	were filed on December 27th 2002 and a	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
Gulfshore Closets LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	5660 Strand Ct #103	<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)	Naples, F1. 34110	
Enter new mailing address, if applicable:	5660 Strand Ct #103	
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34110	
B. II AIREROND IIR I WANELEO AVERI AROMI TEVINELEO OBLE A		ew registered
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	enter the name of the in	ew registered
agent and/or the new registered office address here: Name of New Registered Agent:	enter the name of the n	ew registered
agent and/or the new registered office address here:	Enter Florida street address	ew registered
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address	<u>.</u>
agent and/or the new registered office address here: Name of New Registered Agent:		<u>.</u>
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address , Florida	<u>.</u>

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
			□Adđ
			□ Remove
			□ Change
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Effective date, if other than the office of the date must Note: If the date inserted in this bloodocument's effective date on the Department of the Departme	be specific and cannot be prior to ck does not meet the applical	option date of filing or more than 90 days after ble statutory filing requirements, this	filing.) Pursuant to 605.0207
e record specifies a delayed effective d is filed.	date, but not an effective tim	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March 18th	, 2024		
Allin	1/////	1111	
	signature of a member or author	ized representative of a member	

E: E 625.00