L230000 35433

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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FILED 2024 NOV -4 AMII: 09 TALLAHASSEE, FLORIDA

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TO: Registration Section Division of Corporations

Gulfway 101 LLC

SUBJECT: ____

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen E Muirhead

Name of Person

Gulfway 215 LLC

Firm/Company

23884 Sanctuary Lakes Ct

Address

Bonita Springs, FL 34134

City/State and Zip Code

kemuirhead@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen E Muirhead

Name of Person

Enclosed is a check for the following amount:

🔳 \$25.00 Filing Fee

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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2024

KAREN E MUIRHEAD 23884 SANCTUARY LAKES CT BONITA SPRINGS, FL 34134

SUBJECT: GULFWAY 101, LLC Ref. Number: L23000035433

We have received your document for GULFWAY 101, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the title of the LLC that is being added.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 824A00023097

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

T ARTICLES OF ('AMENDMENT 'O ORGANIZATION OF	FILED 2024 NOV-4 AMII: 6
Gulfway 101, LLC		TALLAHASSEE. FLORID,
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	STATE
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000035433</u>	were filed on 01/25/2023	and assigned
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 Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ddress on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
MGR	Karen E. Muirhead		
		23884 Sanctuary Lakes CT Bonita, Springs, FL 34134	🗆 Add 4 🗏 Remove
MGR	Michael D. Muirhead		_ 🗆 Change
		23884 Sanctuary Lakes CT Bonita Springs, FL 34134	_
AMBR	Gulfway 215 LLC	23884 Sanctuary Lakes CT Bonita Springs, FL 34134	_ DChange
			_ = Add _ = Remove
			Change
			□ Add □ Remove
			□Change
			□ Add
	·····		□Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ____

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

Dated _ Signature of a member or authorized representative of a member

Karen E Muirhead

Typed or printed name of signee