

L23000035443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000437466500

10/11/2024 11:13 AM

FILED
2024 NOV -4 AM 11:13
TALLAHASSEE, FLORIDA
CLERK OF COURT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gulfway 102 LLC

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

716

913-2170

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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 MURIHEAD
23884 SANCTUARY LAKES CT
BONITA SPRINGS, FL 34134

SUBJECT: GULFWAY 102, LLC
Ref. Number: L23000035443

We have received your document for GULFWAY 102, 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: 224A00023094

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2024 NOV -4 AM 11:13

Gulfway 102 LLC

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

FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/25/2023 and assigned
Florida document number L23000035443

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 "LLC" 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

City

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Karen E. Muirhead		<input type="checkbox"/> Add
		23884 Sanctuary Lakes CT Bonita, Springs, FL 34134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael D. Muirhead		<input type="checkbox"/> Add
		23884 Sanctuary Lakes CT Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gulfway 215 LLC	23884 Sanctuary Lakes CT Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 NOV -4 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2024 NOV -4 AM 11:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

Dated _____,

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00