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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (813) 436 - 5206

**Enter the email address for this business entity to be used for future... annual report mailings. Enter only one email address please. **

Email	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIDE DEBRIS CLEAN-UP LIMITED LIABILITY COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	04
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SEP 2 9 2.23

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULFSIDE DEBRIS CLEAN-UP LIMITED LIABILITY COMPANY

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

The Articles of Organization for this Limited Liability Company were filed on 06/26/2023 and assigned

Florida document number <u>L23000304852</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company her	<u>·e</u> :
Gulfside Debris Clean-up LLC The new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>></u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flore	la street address
	Cin	, Florida Zip Codv
New Registered Agent's Signature, if changing Registered Ag	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaceept the obligations of my position as registered agent being filed to merely reflect a change in the registered openpany has been notified in writing of this change.	olete performance of i t as provided for in C	y duties, and I am familiar with and apper 605, F.S. Or, if this document is
īr	Changing Registered Age	11, Signature of New Registered Agent

27/2023 14 50,56 PDT

To 18506176383

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From Registered Agents Inc.

Fax. 8134365206

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
AP	Michael Antonacci III	511 SE 20TH ST.	🔀 Add
		CAPE CORAL. FL 33990	DRemove
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			[] Change
			□Add
		•	□Remove
			(□ Change
			□Add
			∐Remove
		<u></u>	C)Change
			CJAdd
			□Remove
			□Change

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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_	
_	
	
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<u></u>	
_	
(If an effection Note: If	date, if other than the date of filing:
he record : ord is file	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	September 27 . 2023 .
	Signaturé of a member or authorized representative of a member
	Signaturé of a member or authorized representative of a member
	Nat Smith