L2300049545



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COVER LETTER

	Registration Se Division of Cor				
SUBJEC		Diy Designs LLC			
SUBJEC	Name of Limited Liability Company				
The enclo	osed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Bernadette Hirt			
			Name of Person		
		Gulf Coast Diy Designs I	LLC		
			Firm/Company		
		39 W. Park Street			
	Address				
	Tarpon Springs, Fl 34689				
	City/State and Zip Code				
	Gulfcoastdiydesigns@gmail.com E-mail address: (to be used for future annual report notification)				
Cor fresh	or information o	oncerning this matter, please c			
		oncerning this matter, prease c			
Bernade ————			949 232-2031 at ()	•	
	Name o	f Person	Area Code Daytime Telephone Number		
Enclosed	is a check for the	he following amount:			
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ Certificate of \$1 Certified Copy (additional copy is enclosed)	atus &	
	Mailing Addres Registration (Street Address: Registration Section		
Division of			Division of Corporations		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gulf Coast DIY Designs LLC		
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on Oct 31, 2023	and assigned
Florida document number L23000495457		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Gulf Coast Beachin Tees LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	·
		SECRETAL NOV
Enter new mailing address, if applicable:		2 × 2
(Mailing address MAY BE A POST OFFICE BOX)		<u>}</u>
		SEP PE
		SE F
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	do
	City . F1011	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 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
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		 	\ _Add
			□Remove

	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
). If amending a	ny other information, enter change(s) here y
_	
E. Effective (If an effect Note: If	(optional) e date, if other than the date of filing: ive 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)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the other than 90 days after filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the other than 90 days after filing.)
documen	If 8 filective data are
record is file	
Dated _	October 15th 2024.
	Signature of a member or authorized representative of a member
	Bernadette Hirt Typed or printed name of signee

Filing Fee: \$25.00