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Registration Section **Division of Corporations**

BLECT: GULF GENHALL CONSTRUCTION UC

	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	· ·			
se return all correspo	ondence concerning this matter	to the following:			
	Remino	HON Adams Name of Person		·	
	Gulf (Central Construction Firm/Company	nuc		
	1115 416th C	Address			
	Myakka Cit	Y FL 34251 City/State and Zip Code			
	Gulf Certic E-mail address: (al Construction egm to be used for future annual report notific	rail. Com		
urther information c	concerning this matter, please c			2024 NOV 13 SECRETARY	* ' Y
2mington Name o	Adams	at (941) 232-0 Area Code Daytime	TALLAHASSEE, FL	V 13 PM 8: 21	T
osed is a check for the	he following amount:		71	8: 21 STAT	٠
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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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
Articles of Organization for this Limited Liability Company ida document number <u>L24000229069</u> .	were filed on May 16, 2024 and assigned	
amendment is submitted to amend the following:		
f amending name, enter the new name of the limited liabi	ility company here:	
new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	_
er new principal offices address, if applicable:		_
ncipal office address MUST BE A STREET ADDRESS)		
		_
er new mailing address, if applicable:		_
iling address MAY BE A POST OFFICE BOX)		_
	SECRITAL	
f amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, enter the name of the new regis	tere
Name of New Registered Agent:	m S &	C
New Registered Office Address:	ATE 21	

v Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany has been notified in writing of this change.

City

Enter Florida street address

Florida

$GR = M_{2}$ $GR = A_{1}$	anager uthorized Member		
<u>le</u>	<u>Name</u>	Address	Type of Action
1BR	Remington Adams	1115 416th C+ E	\sqrt{Add}
		Mygrea City FL 34251	□Remove
			□Change
<u>IBR</u>	Jessica Adams	1115 YILEM CTE	DAdd
		Mygicla City, FL 34251	□Remove
			□ Change
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			Remove 7024 TALL TALL
			TALLAHASSEE, FL
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effective date is listed, th	he date must be specific I in this block does n	c and cannot be pric not meet the appli	cable statutory fili	(optional more than 90 days after filing requirements, this days		
cord specifies a delaye s filed.	ed effective date, but	not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day at	fter the
ed <u>Novemb</u>	er Bin	2024	·			
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	Ci.	of a member or aut	ingived remeseementation	e of a member		