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COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	P23000030521	ANAGEMENT SOLUTION	NS INC	
DOCUMENT NU	MBER:			
The enclosed Artic	eles of Amendment and fee are su	bmitted for filing.		
Please return all co	orrespondence concerning this ma	itter to the following:		
	EWA FILA			
	GULF COAST MANAGEM			
	3344 CERRITO CT	Firm Company	. Takan ini ing anahampanyayahamana ing akana	• .
	NAPLES FL 34109	Address		· ·
	City State and Zip Code To			
	agrafka7@sbcglobal.net			7 3
	E-mail address: (to be us	sed for future annual report	notification)	
For further inform:	ation concerning this matter, pleas	se call:		,,,
EWA FILA		708 at (268-7273)	
Nai	ne of Contact Person		de & Daytime Telephon	e Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	E S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	· ·
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		e 810

Fallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

•	Articles of Incorpor	ation		
GULF COAST MANAGEMENT SOLUTIONS INC	υf			
P23000030521	on as currently filed	I with the Florida Dep	t. of State)	
(Docum	ient Number of Corp	paration (if known)		
		•		
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this <i>Florid</i>	la Profit Corporation &	dopts the fo	llowing amendment(s
A. If amending name, enter the new name of the co- GULF COAST CONSTRUCTION AND MANAGEM	orporation: MENT SOLUTIONS	INC		
name must be distinguishable and contain the word "co	NAME OF THE OWNER OW	** **************************		The new
"Inc.," or Co.," or the designation "Corp." "Inc.," or the abbrewantered." "professional association," or the abbrewantered.	or "Co" A prof	ny, or incorporated essional corporation n	or the abbr ame-must-a	eviation "Corp., contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u>.</u> DRESS)			
				5 () ()
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	X)			
· · · · · · · · · · · · · · · · · · ·	<u> </u>		in .	
			<u>्रिय</u> <u>जिस्</u>	22
D. If amending the registered agent and/or register new registered agent and/or the new registered of	red office address in office address:	Florida, enter the na	me of the	10
Name of New Registered Agent				
	(Florida street add	lress)		
New Registered Office Address:			Elorida	
	(City)		, Florida	(Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent:			
hereby accept the appointment as registered agent.	l am familiar with an	nd accept the obligation	s of the posi	ition.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Saily Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			PH 22: 13
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

Attach additional sheets, if necessary). (Be specific)		
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares	n ini	تن
If an amendment provides for an exchange, reclassification, or cancellation of issued shares provisions for implementing the amendment if not contained in the amendment itself:	mini.	డు
If an amendment provides for an exchange, reclassification, or cancellation of issued shares provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	rii	చ
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The date of each amendment(s) late this document was signed.	adoption:	if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the I	block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be fisted as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareho	lder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the ame sufficient for approval.	ndment(s)
☐ The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups. The following or each voting group antitled to vote separately on the amendment	z statement (s):
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
APRIL 2	5, 2024	
DatedSignature	Due I/a	
select	director, president or other officer - if directors or officers have n led, by an incorporator - if in the hands of a receiver, trustee, or of nted fiduciary by that fiduciary) EWA FILA	ot been ther court
	(Typed or printed name of person signing) PRESIDENT	
	(Title of person signing)	