1/29/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email	Address:		

129 PH 12:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GABRIEL LIVING CENTERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

From: Vcorp Services, LLC

Page: 26 of 28

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gabriel Living Centers, LLC			
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	t now appears on our records (Company)	<u>타</u>)
The Articles of Organization for this Limited I Torida document number 1 02000034654	Liability Company were t	filed on 12/24/2002	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability co	ompany here:	
he new name must be distinguishable and contain the	words "Limited Liability Con	npany." the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		 _
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE			2021 JAII
Station address may be a foot of the			29 P
 If amending the registered agent and egistered agent and/or the new registered of 		nddress on our records	
Name of New Registered Agent:	Veorp Services, LLC		
New Registered Office Address:	5011 South State Road	 	
•		Enter Florida street addres	
	Davie	, Flo	orida 33314 Zip Code
		nv.	7 47)

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

From: Vcorp Services, LLC

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

Title	Name	<u>Address</u>	Type of Action
MGRM	LIVING CENTER ENTERPRISES	10150 HIGHLAND MANOR DR	Add
		SUITE 300	■ Remove
		TAMPA, FL 33610	□ Change
MGR	LCE Partners, LLC	10150 HIGHLAND MANOR DR	Add
		SUITE 300	□ p
		TAMPA, FL 33610	Change
		·	□ Remove
			Change
			□ Remove
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			Add
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			□ Add
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To: 18566176383 ·

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