

LO7000024171

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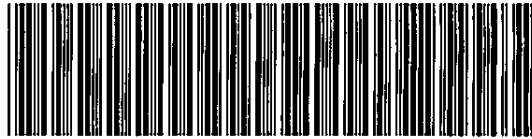
(Business Entity Name)

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LO7-24171
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF BREEZE ADULT CARE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN PAOLILLO

(Name of Person)

JOHN PAOLILLO CPA

(Firm/Company)

905 MICHIGAN AV

(Address)

PALM HARBOR FL

(City/State and Zip Code)

34683-4236

For further information concerning this matter, please call:

JOHN PAOLILLO

(Name of Person)

at

(727) 410 9750

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GULF BREEZE ADULT CARE, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 3/2/07 and assigned
document number LO7000024171.

SECOND: This amendment is submitted to amend the following:

NAME SHOULD BE "GULF BREEZE ADULT CARE LLC"

THE NAME OF REGISTERED AGENT IS GISELA GARCIA LEYVA MD

THE NAME OF MGRM IS GISELA GARCIA LEYVA MD

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Dated 3/16/07.

John C. Paolillo C.P.A.

Signature of a member or authorized representative of a member

JOHN C PAOLILLO

Typed or printed name of signee

Filing Fee: \$25.00