

L07000113788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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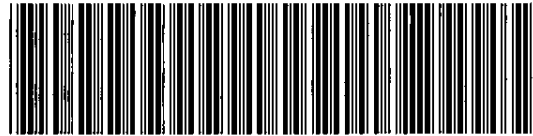
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. BRYAN

OCT 10 2011

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GERIATRIC ASSOCIATES, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN J. SPIGLER, ESQ  
Name of Person

LAW FIRM OF KAREN SPIGLER, LLC  
Firm/Company

6231 SW 188 AVE  
Address

SOUTHWEST RANCHES, FL 33332  
City/State and Zip Code

KSPIGLER@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN J. SPIGLER at ( 954 ) 689-0506  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

GERIATRIC ASSOCIATES, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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OCT - 7 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/13/2007 and assigned  
Florida document number L 07000 113788.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6231 SW 188 AVE

SOUTHWEST RANCHES, FL 33332

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6231 SW 188 AVE

SOUTHWEST RANCHES, FL 33332

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

KAREN J. SPIGLER, ESQ.

New Registered Office Address:

16231 SW 188 AVE

Enter Florida street address

SOUTHWEST RANCHES, Florida 33332  
City 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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DONNA CALDWELL	16231 SW 188 AVE SOUTHWEST RANCHES FLORIDA 33332	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
OCT - 7 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dated \_\_\_\_\_,  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
  
DONNA M. CALDWELL  
Typed or printed name of signee