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C. LEWIS

APR 3 0 2010

EXAMINER

COVER LETTER

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	egistration Section ivision of Corporations	. 3.		
.SUBJECT	: Gold Coast Regional Center, LLC			
,	Name of Limited Liability Company			
The enclose	ed Articles of Amendment and fee(s) are submitted for filing.			
Please retu	m all correspondence concerning this matter to the following:			
	Charles R. Abele, Jr.			
	Name of Person			
	Gold Coast Regional Center, LLC			
	Firm/Company			
	1200 Ponce de Leon Blvd.			
	Address			
	Coral Gables, FL 33134			
•	City/State and Zip Code			
	Cabele@southernfacilities.com E-mail address: (to be used for future annual report notification)			
For further	information concerning this matter, please call:			
	Muayad Abbas at (305) 746-4003 Name of Person Area Code & Davtime Telephone Number			
	Name of Person Area Code & Daytime Telephone Number			
Enclosed is	a check for the following amount:			
₹ \$25.00 1	Filing Fee \$\ \bigcup \\$30.00 \text{ Filing Fee & }\ \bigcup \\$55.00 \text{ Filing Fee & }\ \bigcup \\$60.00 \text{ Filing Fee & }\ \big	e of Status &		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 APR 29 PM 3: 28

Gold Coast	Regional Center, L	LC cross	TARY OF STATE	
Gold Coast (Name of the Limited Liability (A Florida L	Company as it now appear	s on our records.) Al	ASSEE FLORIDA	
(A Fiorida L	mineu Liability Company)	,,,		
The Articles of Organization for this Limited Liability Co	ompany were filed on	3/25/2009	and assigned	
Florida document numberL09000029559				
	_			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limi</u>	ted liability company her	<u>e</u> :		
Gold Coast Flor	ida Regional Center, I	LLC		
The new name must be distinguishable and end with the word			LLC" or the abbreviation	
'L.L.C."				
Enter new principal offices address, if applicable:				
<u>Principal office address MUST BE A STREET ADDR</u>	ESS)			
	···			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
Muning namess MAT DE ATOST OFFICE BOAT				
B. If amending the registered agent and/or registe	and affice address on a	un roscuda onton (the name of the name	
registered agent and/or the new registered office addr		ui records, <u>enter</u>	ine name of the new	
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:			_	
	Enter Florida street address			
·		, Florida		
	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 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

MCKM = 1	wanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			AddRemove
			AddRemove
D. If amen	ding any other inform	ation, enter change(s) here: (Attach aa	
_ _			INAPR 29 PM 3 SECRETARY OF STALLAHASSEE, FL
 Dated	April 24	2010	TATE ORIDA
	Si	gnature of a member or authorized represen	tative of a member
		Charles R. Abele, Jr. Typed or printed name of sign	
		Typed of printed name of sign	nece .

Page 2 of 2

Filing Fee: \$25.00