

610000 116450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

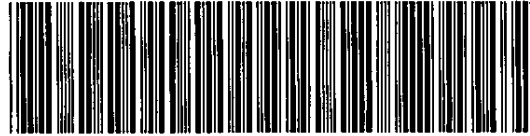
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

653



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2014

HERLINE LOCHARD
1217 D SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 33415

SUBJECT: GENTLE TOUCH HOME HEALTH CARE LLC
Ref. Number: L10000116450

We have received your document for GENTLE TOUCH HOME HEALTH CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00020269

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Gentle Touch Home Health 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:

Herline M Lochard

Name of Person

Gentle Touch Home Health Care LLC

Firm/Company

1217 D south Military trail

Address

West Palm Beach FL 33415

City/State and Zip Code

herinelochard@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Herline M Lochard

Name of Person

at **561** **506-0705**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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

Gentle Touch Home Health care LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/09/2010 and assigned
Florida document number L 10000116450.

This amendment is submitted to amend the following:

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

Wheatland Technical Institute LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**1217 South Military Trail Ste D
West Palm Beach FL 33415**

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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TALLAHASSEE, FLORIDA

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 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

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

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|---------------------------------|---|
| MGR | Herline Lochard | 1217 South Military trail Ste D | <input checked="" type="checkbox"/> Add |
| | | West Palm Beach FL 33415 | <input type="checkbox"/> Remove |
| AMBR | Nixon <i>Ceme</i> | Nixon Ceme | <input checked="" type="checkbox"/> Add |
| | | 2903 Poolside dr | <input type="checkbox"/> Remove |
| | | Greenacres FL 33463 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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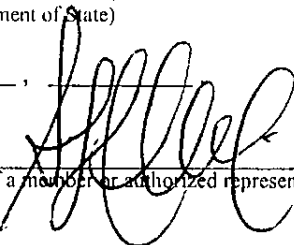
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/01/2014



Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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