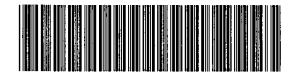
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(Re	equestor's Name)	
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SECRETARY OF STATE
AND SEFE FLORIDA

T. HAMPTON

COVER LETTER

TO: Registration Section , Division of Corporations
SUBJECT: Guf Coast Medication & Consulting UC 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:
Name of Person
Firm/Company
1933 SE 2nd Terrace
Address
1833 SE Znd Terrace Address Cape Coral Fi 33990 City/State and Zip Code Norma-bolyard @ gmail. Con
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 206-1273 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liabil	Ity Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability (Florida document number 11 0000390	Company were filed on April 1201 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	imited 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 ADD			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FEB -9 PH 12: 2 SECRETALY OF STATE AHASSEF, FLORE		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, 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 Address **Type of Action** <u>Title</u> <u>Name</u> □ Add □ Remove _□ Add ☐ Remove __□ Add □ Add _[] Remove _[] Add _□ Remove

				••	
date must be speci-	ic, cannot be prio	r to date of re	ceipt or filed dat	e and cannot be	(optional) more than 90 days after
Feb	4	, 21	015.		
	Signatur		Boz	annecentative of	a member
	aignatur	e or a membe	or aumorized i	epresentative of	a member
	date must be specif	e date must be specific, cannot be prior document is filed by the Florida Dep	s document is filed by the Florida Department of Sta	e date must be specific, cannot be prior to date of receipt or filed date of occument is filed by the Florida Department of State) Feb 4, 2015.	e date must be specific, cannot be prior to date of receipt or filed date and cannot be r

Page 3 of 3

Filing Fee: \$25.00