## L11000054957

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAII	-				
(Business Entity Name)					
(Document Number)					
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C. LEWIS

MAY 2 7 2011

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 26, 2011

RICHARD G. LAMB GOLD COAST ELDER CENTER LLC 5743 IVREA DRIVE SARASOTA, FL 34238

SUBJECT: GOLD COAST ELDER CENTER LLC

Ref. Number: L11000054957

We have received your document for GOLD COAST ELDER CENTER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Letter Number: 211A00013084

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

TO: Registration ! Division of Co	Section orporations		
SUBJECT:	Gold Coas	t Elder Center LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	pondence concerning this matter	<u> </u>	
		Richard G Lamb	returned che for 300 most - 300 m
	<del></del>	Name of Person	me of the
	Gold	Coast Elder Center LLC	war and a war.
		Firm/Company	return of a
		5743 Ivrea Drive	300
		Address	mer 20,
		Sarasota, FL 34238	CR 2-11
		City/State and Zip Code	1/21
•	La	ambcfp@comcast.net	<b>5</b>
	E-mail address: (	to be used for future annual report notifica	ation)
For further information	concerning this matter, please of	all:	
Ric	chard G Lamb	at ( 617 ) 7	50-1231
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
•			
MAILING ADDRESS:		STREET/COURIE	R ADDRESS:
Regist	tration Section	Registration Section	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20/1 HAY 26 AM 9: 57

` Go	<u>ld Coast Elder Center LL</u>	C 和说	RY OF STATE	
( <u>Name of the Limited</u> (A	Id Coast Elder Center LL Liability Company as it now appea N Florida Limited Liability Company)	ers on our records.)	SEEFLORIDA	
The Articles of Organization for this Limited L			and assigned	
Florida document numberL11000054	4957			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liability company he	<u>re</u> :		
		•		
The new name must be distinguishable and end win "L.L.C."	th the words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation	
Enton now mainsing offers add as if a life	-1.1			
Enter new principal offices address, if applic		<del>-</del>	<del></del>	
( <u>Principal office address MUST BE A STREE</u>	T ADDRESS)			
	<del> </del>			
	•			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	POV:		•	
B. If amending the registered agent and/o	or registered office address on	our records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered of	fice address here:	•		
Name of New Registered Agent:	<del></del>		•	
New Registered Office Address:				
	En	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 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 Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Mary E Lamb	5743 Ivrea Drive Sarasota EL 34238	Z Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
<u>′</u>			AddRemove
	•		AddRemove
D. If amend	ding any other information, ente	r change(s) here: (Attach additional sheets, if necessar	y.) 
			2011 HAY 26
Dated	May 25 ,	2911	AH 9: 57
	Signature of a	nember or authorized representative of a member  Richard G Lamb  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00