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(Re	questor's Name)	
(Ad	dress)	
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT M (Business Entity Name) (Document Number) Certified Copies Certificates of Status _	MAIL	
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(Business Entity Name) (Document Number)		
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

GSHL, L.I.	C.		
SUBJECT:	Name of Lim	ited Liability Company	 _
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Curran K. Porto		
		Name of Person	
	Curran K. Porto, Esq.		
	410 S. Ware Blvd., 105	Firm/Company	
	Tama, Florida 33619	Address	
	curran@southernelderlaw.c	City/State and Zip Code om	
	E-mail address: (to be used for future annual report not	ification)
	oncerning this matter, please c		
Curran K. Porto		813 626-0088	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
≤ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	antion.
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GSHL, L.L.C.

	ited Liability Company as it now appear (A Florida Limited Liability Company)		
The Articles of Organization for this Limited I Florida document number	Liability Company were filed on	04/2011	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)		
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	registered office address on our reess here: Curran K. Porto, P.A. 2803 Safe Harbor Dr.	ida street address	
	Enter Flor Tampa	, Florida 336	18 = 2
			~ ~ ~ ~ ^ ~ \

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	Lifecare Pharmacy LLC	4060 N. Armenia Ave.	
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		Tampa, FL 33607	
			□Change
mgr	Vyas, Priti	4060 N. Armenia Ave.	
<u></u>	·		
		Tampa, FL 33607	
			Remove
		_	□Add
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effective te: If th	e date is listed, the date ne date inserted in th	: must be specific an is block does not	id cannot be prio meet the appli	r to date of filing cable statutory	or more than 90 day filing requiremen	vs atter filing.) ts. this date v	Pursuant to 60 will not be lis	5.020 ted a
ument's	s effective date on th	ne Department of	State's records	3.				
							73	
cord spe	ecifies a delayed eff	ective date, but no	ot an effective t	time, at 12:01 a	.m. on the earlier	of: (b) The	90th-day after	er the
s filed.							ہے۔ ہستے ہیں :	[]
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		Signature of a		variond cancers	ative of a member		<u> </u>	