# L120000 71613

(Requestor's Name)
(Address)
(Address)
(radiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1

Office Use Only



100365430711

RECEIVED MAY 0 3 2021

0\$/04/21--01043--084 \*\*25.00

. 1 1 2

### **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUPERIOR SUBJECT:	R HEALTH CARE OF JACKS	ONVILLE, LLC			
30 <b>00</b> ECT.	Name of Lin	ited Liability Company			
Please return all correspondence concerning this matter to the following:  James D. Gibson, Esq.  Name of Person  Gibson Kohl & Wolff, P.A.  Firm/Company  1800 Second Street, Suite 717  Address  Sarasota, FL 34236  City/State and Zip Code  legaljimjdg@comcast.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:					
Please return all correspo	ondence concerning this matter	to the following:			
	James D. Gibson, Esq.				
		Name of Person			
	Gibson Kohl & Wolff, P.A	Λ.			
Firm/Company					
	1800 Second Street, Suite	717			
		Address	<u> </u>		
	Sarasota, FL 34236				
		City/State and Zip Code			
		to be used for future annual report no	(Continu)		
For further information of		·	neation)		
James D. Gibson		941 362-8880			
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
X \$25.00 Filing Fee	S30.00 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 Addres		Street Address:			
Registration ! Division of C			Registration Section Division of Corporations		
P.O. Box 632			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### SUPERIOR HEALTH CARE OF JACKSONVILLE, 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 Florida document number <u>L12000071613</u>	y Company were filed on	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
DeWayne Harvey Professional Guardianship Services, Ll	LC	
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	
Enter new mailing address, if applicable:		
• •	11.7511	
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
B. If amending the registered agent and/or registe agent and/or the new registered office address here		nter the name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		<u> </u>
	Enter Florida street a	ddress
<u> </u>		, Florida
	City	

#### 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 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 Title Name Type of Action Address \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Add □Remove \_\_\_\_\_ □Remove \_ \_\_\_\_ Change

\_\_\_\_\_ Change

	<del></del>	<del></del>			<del></del>	· · · · · · · · · · · · · · · · · · ·	
			·			<del></del>	
	<del>-</del>						
					· -		
	-	·		<u> </u>		<del></del>	
_	<del></del>	<del></del>					
-	-					<u> </u>	
_	<del></del>	<u></u>					
		<del></del>	<u> </u>				
	~						
	***			<del></del> .			
			<u></u>				
		<del></del>			<del></del> .		
reffecti <u>te:</u> If t	ive date is listed, the date inserte	than the date of fi he date must be specific d in this block does n e on the Department	and cannot be pri	icable statutory fi	r more than 90 days	optional) after filing.) Pursua s, this date will no	nt to 605.020' t be listed as
	pecifies a defay	ed effective date, but		time, at 12:01 a.i	n. on the earlier o	of: (b) The 90th (	day after the
s filed.							
s filed.		.071		<del></del> -			
s filed.		1001		horized representat			

Filing Fee: \$25.00