

L13 000045115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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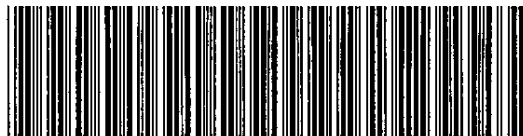
(Business Entity Name)

(Document Number)

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2015 AUG 19 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG-20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Coast Family Care, PLC

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:

Deborah Walker

Name of Person

Gulf Coast Family Care, PLC

Firm/Company

814 Pine Island Road, Suite 306

Address

Cape Coral, FL 33991

City/State and Zip Code

debbiewalkeramp@gmail.com

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

For further information concerning this matter, please call:

Deborah Walker

239
at ()

314-8771

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

✓ # 1097

☐ \$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:

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**

FILED

2015 AUG 19 PM 12: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Gulf Coast Family Care, PLC

(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 03/26/2013 and assigned Florida document number L13000045115.

This amendment is submitted to amend the following:

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

(no change to name)

The new name must be distinguishable and contain 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)

814 Pine Island Road, Suite 306

Cape Coral, FL 33991

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

814 Pine Island Road, Suite 306

Cape Coral, FL 33991

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:

Deborah Walker

New Registered Office Address:

814 Pine Island Road, Suite 306

Enter Florida street address

Fort Myers


, Florida 33991

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Deborah Walker	62 Timberland Circle, S.	<input checked="" type="checkbox"/> Add
		Ft. Myers, FL 33919	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Samya Almoumani	2121 SE 15 Terrace	<input type="checkbox"/> Add
		Cape Coral, FL 33990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Hasan Almoumani	2121 SE 15 Terrace	<input type="checkbox"/> Add
		Cape Coral, FL 33990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2015 AUG 19 PM 12:08
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 13, 2015.

Hasan Almomani

Signature of a member or authorized representative of a member

Hasan
Samya Almoumani

Typed or printed name of signee