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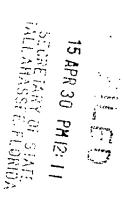
	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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J. Sievers MAY 0 6 2015

COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	Gulfshore Pr	rivate Home Care, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Brandon Ernst		
			Name of Person	
		Gulfshore Private Home C	are, LLC	
			Firm/Company	
		660 9th Street North Suite	31-B	
			Address	
		Naples, FL 34102		
			City/State and Zip Code	
		brandon@gulfshoreprivateh		
		E-mail address: (to be used for future annual report notifi	ication)
For further in	nformation co	ncerning this matter, please ca	all:	
Brandon Err	nst		239 249-5927 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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: 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

Gulfshore Private Home Care, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on 04/05/2013	and assigned
Florida document number L13000050051	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
he new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
		Her -
If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>en</u>	ter the name of the ne
egistered agent and of the new registered office	te address here.	The second second
Name of New Pagistand Agent.		SEL SEL
Name of New Registered Agent:		
New Registered Office Address:	Esta Florida ana de dilucci	0 N
	Enter Florida street address	D = T
	, Florida	Zip Code
	Carry .	esp cour

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>	Address	Type of Action
MGR	Michael Fallon	660 9th Street North Suite 31-B	■ Add
		Naples, Florida 34102	□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add.
			30 Change
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			□ Change

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Effective date, if other than the (If an effective date is listed, the date m	e date of filing:		(optional)	
Note: If the date inserted in this	block does not meet the applica			
document's effective date on the	Department of State's records.			72 🗂
the record specifies a delayed) The 90th day after the re	ed effective date, but not cord is filed.	an effective time,		
Dated April 24th	2015			
Max				
	Signature of a member or author	ized representative of a n	nember	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00