

L/4 0000 60318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

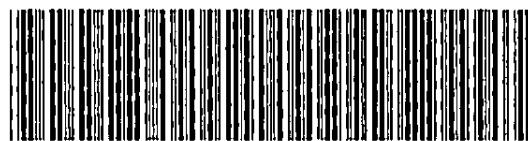
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/04/19--01015--010 **25.00

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2019 JAN -4 PM 1:03
JAN 04 2019

n. BRUCE
JAN 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TNT Therapy Solutions LLC
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:

Tiara Bryant-Gainer

Name of Person

Memory Care Institute of Florida LLC (formerly TNT Therapy Solutions LLC)

Firm/Company

5507 105th Terrace E

Address

Parrish, Florida 34219

City/State and Zip Code

tiara.bryant12@gmail.com

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

For further information concerning this matter, please call:

Tiara Bryant-Gainer

at (941)

894-4144

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

☐ \$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

FILED
2019 JAN -4 PM 1:03
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TNT Therapy Solutions 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 Company were filed on 04/14/2014 and assigned Florida document number L14000060318.

This amendment is submitted to amend the following:

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

Memory Care Institute of Florida LLC

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)

5507 105th Terrace E

Parrish, Florida 34219

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5507 105th Terrace E

Parrish, Florida 34219

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:

Taurance Gainer

New Registered Office Address:

5507 105th Terrace E

Enter Florida street address

Parrish

City

Florida

34219

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.

Taurance Gainer

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	Taurance Gainer	5507 105th Terrace E Parrish, Florida 34219	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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11:08
TALLAHASSEE, FL
FBI

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

I am also amending my name. I was married back in 2013, however, I have since hyphenated my name so

instead of Tiara Bryant it is Tiara Bryant-Gainer. If you require a copy of my marriage license, I

have enclosed a copy of it for you. Thank you.

FILED
2019 JAN -4 PM 1:03
CLERK OF SUPERIOR COURT
ALABAMA

2/1/2019

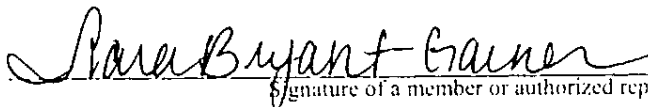
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 January 2, 2019



Signature of a member or authorized representative of a member

Tiara Bryant-Gainer

Typed or printed name of signee

Department of Health-Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORDTYPE IS UPPER CASE
USE BLACK INKThis license not valid unless seal of Clerk
Circuit or County court appears thereon

(STATE FILE NUMBER)

412013XX001146MLAXMA

(APPLICATION NUMBER)

APPLICATION TO MARRY

1 GROOM'S NAME (First, Middle, Last) TAURANCE EMANUEL GAINER			2 DATE OF BIRTH (Month, Day, Year) 03/16/1980		
3a RESIDENCE - CITY, TOWN OR LOCATION PARRISH		3b COUNTY Manatee	3c STATE Florida	4 BIRTHPLACE (State or Foreign Country) Florida	
5a BRIDE'S NAME (First, Middle, Last) TIARA LASHAY BRYANT			5b MAIDEN SURNAME (if different)		6 DATE OF BIRTH (Month, Day, Year) 03/08/1983
7a RESIDENCE - CITY, TOWN OR LOCATION PARRISH		7b COUNTY Manatee	7c STATE Florida	8 BIRTHPLACE (State or Foreign Country) Florida	

WE, THE APPLICANTS NAMED IN THIS CERTIFICATE EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9 SIGNATURE OF GROOM (Sign full name using black ink) 		10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 07/09/2013	
11 TITLE OF OFFICIAL DEPUTY CLERK JAYME PERKINS		12 SIGNATURE OF OFFICIAL (Use black ink) 	
13 SIGNATURE OF BRIDE (Sign full name using black ink) 		14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 07/09/2013	
15 TITLE OF OFFICIAL DEPUTY CLERK JAYME PERKINS		16 SIGNATURE OF OFFICIAL (Use black ink) 	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

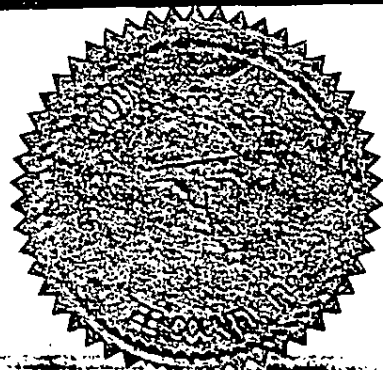
17 COUNTY ISSUING LICENSE Manatee	18 DATE LICENSE ISSUED 07/09/2013	19 DATE LICENSE EFFECTIVE 07/12/2013	20 EXPIRATION DATE 09/10/2013
21a SIGNATURE OF COURT CLERK OR CLERK 		21b TITLE Honorable	21c BY DC JAYME PERKINS

CERTIFICATE OF MARRIAGE

THEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

22 DATE OF MARRIAGE (Month, Day, Year) July 13, 2013		23 CITY, TOWN OR LOCATION OF MARRIAGE Parrish, Florida	
24 SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 		25 ADDRESS (Of person performing ceremony) 2701 53rd St Sarasota FL 34234	
26 NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) REV. ERROL DARVILLE, Pastor		27 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 	
		28 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 	

SEAL



STATE OF FLORIDA, COUNTY OF MANATEE
This is to certify that the foregoing is a true and correct copy of the documents on file in my office.

Witness my hand and official seal this 29 day of

July 2013

R. B. SHORE
CLERK OF CIRCUIT COURT

By: D.C.