

L160000088765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

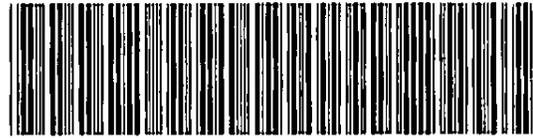
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000377648910

12/13/21--01030--024 **30.00

2021 DEC 13 PM 3:51
STATE OF OHIO
RECEIVED

A. BUTLER

DEC 28 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GULFVIEW MANOR, 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:

GENE R. SOLOMON
Name of Person
SOLOMON & HOOVER, CPAS, PLLC
Firm/Company
1342 COLONIAL BLVD., SUITE B-11
Address
FORT MYERS, FLORIDA 33908
City/State and Zip Code
gsolomon@solomonhoover.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gene R. Solomon at 239 939-5303
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

GULFVIEW MANOR, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 DEC 13 PM 2:51

The Articles of Organization for this Limited Liability Company were filed on May 5, 2016 and assigned
Florida document number L1600088765.

STATE
OF FLORIDA

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

1342 Colonial Boulevard, Suite B-11

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers, Florida 33907

Enter new mailing address, if applicable:

1342 Colonial Boulevard, Suite B-11

(Mailing address MAY BE A POST OFFICE BOX)

Fort Myers, Florida 33907

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:

Gene R. Solomon

New Registered Office Address:

1342 Colonial Boulevard, Suite B-11

Enter Florida street address

Fort Myers

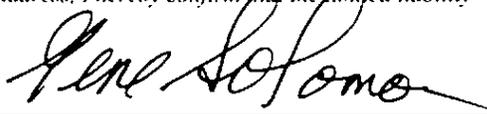
Florida 33907

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>
AMBR	SORIN LUPU	P.O. BOX 60014	<input type="checkbox"/> Add
		FORT MYERS, FL 33906	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GENE R. SOLOMON, CO-PERS F	1342 COLONIAL BLVD., SUITE B-11	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SYLVIA LUPU, CO-PERS REP FC	P.O. BOX 60014	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33906	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: DECEMBER 9, 2021 (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 DECEMBER 9 2021

Gene Solomon

Signature of a member or authorized representative of a member

GENE R. SOLOMON, CO-PERSONAL REPRESENTATIVE FOR ESTATE OF SORIN LUPU

Typed or printed name of signee

Filing Fee: \$25.00