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K.SALY EXAMINER JUL -1

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CJUPShove Climical Consultants, 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:
Jessica Bechtel Name of Person
Gulfshure Clinical Consultants, LLC
13374 Kent St Address
Naples, FL 34109 City/State and Zip Code
<u>Gulfshoreclinical consultants a gmail</u> com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 289-4493 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Solution Status Status Solution Status Solution Status Solution Status Status Solution Status Status Solution Status Status Solution Status Status Status Solution Status Status Solution Status

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 OΕ

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(Name of the Limited Liability C (A Florida Lin	Consultants Company as it now appears on of mitted Liability Company)	ur records.) VIN 30 PH 1: 39 WE THE TANK OF STATE OF STATE OF STATE OF STATE
The Articles of Organization for this Limited Liability Com Florida document number L \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		109/10) 6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	13374 Naples	lent St FL 34109
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	reet address
	<u></u>	, Florida
	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 1

AMBR = Authorized Member <u>Title</u> **Type of Action** Name **Address** Catherine Berardi 1674 99th Ave North Kada _□ Remove ☐ Change □ Add _□ Remove □ Change □ Change C □ Remove □ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ective date, if ot	her than the dat	e of filing:			(options	ıl)
n effective date is list	ed, the date must be s	specific and cann			n 90 days after fili	ng.) Pursuant to 605.02 te will not be listed
cument's effective	date on the Depart	tment of State's	s records.			
			but not an	effective time,	at 12:01 a.m	. on the earlier
he 90th day a	fter the record	is fil ed .				
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Filing Fee: \$25.00