# 116000213144

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Gale Healthcase Holdings, 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:	
James Braswell Name of Person	
James Braswell  Name of Person  Per Diem Registry, LLC  Firm/Company	
4519 George Rd. Suite #140	
Tampa, FL 33634 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tames Braswell at (813) 714 - 0834  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Gale Healthcare 1	toldings, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	<del></del>
The Articles of Organization for this Limited Liability Company of Florida document number <u>L16000213144</u>	were filed on 11 21 16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "LLC" or the al 4519 George & Tampa, FL 33	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		17 F
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City , Fiorida	Zip Code
Name Designation of Amenal's Company of shanging Designated Assets		

### 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 = Mai AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
************			□ Add
			□ Remove
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<del></del>	<del></del>		Add
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			Remove
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\_\_ Change

D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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		<u> </u>
		<del></del>
(If an effectiv <u>Note:</u> If th	date, if other than the date of filing:	uant to 605.0207 (3)(b) ot be listed as the
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on thother the record is filed.	ne earlier of:
Dated	Feb. 3 , 2017 .  Signature of a member or authorized representative of a member	<del></del>
	Mark Ocepek Typed or printed name of signee	

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Filing Fee: \$25.00