

L16000 213144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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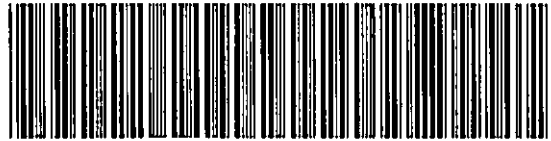
(Business Entity Name)

(Document Number)

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SECRETARY OF
TALLAHASSEE
18 JAN -4 PM 7:57

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GATE Healthcare 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

GATE Healthcare Holding, LLC
Firm/Company

11274 W Hillsborough Ave
Address

Tampa, FL 33635
City/State and Zip Code

Tony.Braswell@USEGATE.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Braswell at (813) 714-0834
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

18 JAN -4 PM 7:57

SECRETARY OF
TALLAHASSEE

Gale Healthcare Holding, 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 11-21-16 and assigned
Florida document number L16000213144.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11274 W. Hillsborough Ave
Tampa, FL 33631

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11274 W. Hillsborough Ave
Tampa, FL 33631

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:

James Baswell

New Registered Office Address:

11274 W. Hillsborough Ave

Enter Florida street address

Tampa

City

FL 33631

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MOA</u>	<u>Mark Osepek</u>	<u>4519 George Rd #140</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33634</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MOA</u>	<u>Felix Cristello</u>	<u>4519 George Rd #140</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33634</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MOA</u>	<u>Anthony Daviero</u>	<u>4111 Metric Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Winter Park, FL 32792</u>	<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

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SECRETARY OF
TALANTA STATE

(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.

Dated Dec 31st, 2017

Signature of a member or authorized representative of a member

James B. Brownell
Typed or printed name of signee