

L17000 105182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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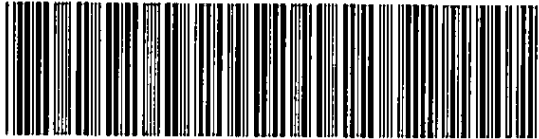
(Business Entity Name)

(Document Number)

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SECRETARY OF
TALLAHASSEE
18 JAN -4 PM 6:04

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gale Healthcare 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:

James Braswell
Name of Person
Gale Healthcare Solutions, LLC
Firm/Company
11274 Hillsborough Ave
Address
Tampa, FL 33635
City/State and Zip Code
Tony.BRASWELL@USEGALE.COM
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

James 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 ☐ \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GALE Healthcare Solutions, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

18 JAN - 4 PM '04
TALLAHASSEE, FL
SECOND DISTRICT

The Articles of Organization for this Limited Liability Company were filed on 5-11-17 and assigned
Florida document number L17000105182

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 33635

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

11274 W. Hillsborough Ave
Tampa, FL 33635

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 BRASWELL

New Registered Office Address:

11274 W. Hillsborough Ave

Enter Florida street address

Tampa
City

Florida

33635
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>
MGR	Mark Orepek	4519 George Road	<input type="checkbox"/> Add
		Tampa, FL 33634	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anthony Daviero	4111 Metric Dr	<input type="checkbox"/> Add
		Winter Park, FL 32792	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Elix Cristello	4111 Metric Dr	<input type="checkbox"/> Add
		Winter Park, FL 32792	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 JAN - 2 PM 0:00

18 JAN - 2 PM 6:04

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 Butwell
Typed or printed name of officer