

L18000030296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

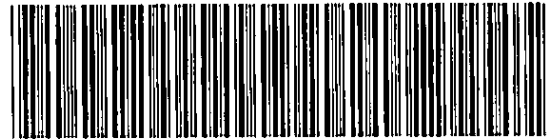
(Business Entity Name)

(Document Number)

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600314941506  
06/11/18--01034--020 \*\*25.00

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18 JUN 29 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O. SIMONS  
JUL 01, 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2018

AARON LITTLES  
11274 W HILLSBOROUGH AVE  
TAMPA, FL 33635

SUBJECT: GALE HEALTHCARE SOLUTIONS - JACKSONVILLE, LLC  
Ref. Number: L18000030296

We have received your document for GALE HEALTHCARE SOLUTIONS - JACKSONVILLE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNER, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 318A00012287

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TALLAHASSEE, FL

# GP

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gale Healthcare Solutions - Jacksonville, LLC

Name of Partnership

L18000030296

**DOCUMENT NUMBER:**

The enclosed Amendment to Partnership Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GP 1800000792-3  
06/11/18--01034--020 \*\*25.00

Aaron Littles

Name of Person

Gale Healthcare Solutions - Jacksonville, LLC

Firm/Company

11274 W. HILLSBOROUGH AVE

Address

TAMPA, FL 33635

City/State and Zip Code

AARON.LITTLES@USEGALE.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Littles

407

421-5544

at ( )

Name of Person

Area Code & Daytime Telephone Number

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301  
CR2E067 (9/15)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

*mmg beam*

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Gale Healthcare Solutions - Jacksonville, 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 2/2/2018 and assigned Florida document number L18000030296.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

**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:

New Registered Office Address:

*Enter Florida street address*

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  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR/Owner	Aaron Littles	11274 W. Hillsborough Ave	<input checked="" type="checkbox"/> Add
		Tampa, FL 33634	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Eric Littles	11274 W. Hillsborough Ave	<input checked="" type="checkbox"/> Add
		Tampa, FL 33634	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLA

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JUN 28 PM 3 30  
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TALLAHASSEE, FLORIDA

**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 June 27<sup>th</sup> 2018

Signature of a member or authorized representative of a member

Arcon A. Little  
Typed or printed name of signer