

L19000 1160 360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

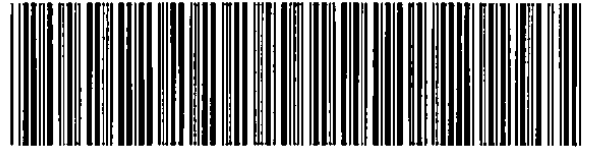
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/30/19--01015--013 **25.00

FILED
2019 AUG 30 AM 8:59
TALLAHASSEE, FL

SEP 11 2019
C. Kline

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GAILEY REIMBURSEMENT 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:

PRISCILLA GAILEY

Name of Person

GAILEY REIMBURSEMENT SOLUTIONS LLC

Firm/Company

2314 SAGRAMORE PLACE

Address

CAPE CORAL, FLORIDA 33914

City/State and Zip Code

PTGAILEY@AOL.COM

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

For further information concerning this matter, please call:

PRISCILLA T GAILEY

770

377-0755

at ()

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

**TO
ARTICLES OF ORGANIZATION
OF**

GAILEY REIMBURSEMENT SOLUTIONS, 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 JUNE 18, 2019 and assigned
Florida document number L19000160360.

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the 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 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

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	PRISCILLA T GAILEY	2314 SAGRAMORE PLACE	<input type="checkbox"/> Add
		CAPE CORAL, FL. 33914	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Change

BANK IS REQUIRING THAT THE SOLE OWNER OF LC BE CHANGED FROM MGR TO MBR.

SOLE MEMBER DETERMINED THAT BANK REQUIREMENT IS NECESSARY IN ORDER TO OPEN

BANK ACCOUNTS AND IS AUTHORIZING LLC TO CHANGE HER TITLE FROM MGR TO MBR.

SOLE MEMBER AGREED WITH CHANGE. PLEASE ADJUST ACCORDINGLY.

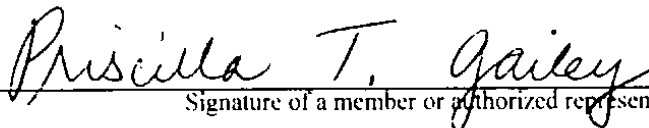
E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST 27, 2019



Signature of a member or authorized representative of a member

PRISCILLA T GAILEY

Typed or printed name of signee